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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

APR 29 1981

Operator Ray & Garel R. Westall		O. C. D. ARTESIA OFFICE	
Address Box 4 Loco Hills, NM 88255			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED OVER 6-1-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner

Ex # 2-522 7-1-81
Ex # 2-527 8-1-81

DESCRIPTION OF WELL AND LEASE

Lease Name Vola Federal	Well No. 1	Pool Name, including Formation SR-Q-G-SA Grayburg-Jackson	Kind of Lease State, Federal or Fee Fed. L0034696
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line of Section 1 Township 17S Range 31E, NMPM, Eddy Co. New Mexico			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240		
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 17S	Twp. 31E
	Is gas actually connected? No		When Line staked-waiting on contract

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Well <input type="checkbox"/>
Date Spudded 11-24-80	Date Compl. Ready to Prod. 2-15-81		Total Depth 4500		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 3987.8	Name of Producing Formation Grayburg, SA		Top Oil/Gas Pay 3530		Tubing Depth 4200		
Perforations 3530-3756 Grayburg 4000-4225 San Andres					Depth Casing Shoe 4500		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 668'		SACKS CEMENT 375 sx circulated		
7 7/8"	4 1/2"		4500		675 sx		
	4200' 2 3/8 J55		4200'				

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-21-81	Date of Test 2-25-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure Open	Choke Size
Actual Prod. During Test 50	Oil-Bbls. 30	Water-Bbls. 20	Gas-MCF 20, 000

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)
OPERATOR
(Title)
(Date)

OIL CONSERVATION COMMISSION

APR 30 1981

APPROVED _____ 19
BY W.A. Gussert
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.