

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ray &amp; Garel R. Westall

Address

P.O. Box 4 Loco Hills, NM 88255

RECEIVED

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

OCT 1 1982

O. C. D.

ARTESIA, OFFICE

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Vola Federal	3	Grayburg Jackson SR-Q-G-SA	State, Federal or Fee Fed.	NM034690
Location	Unit Letter	N	660	Feet From The South Line and 2180 Feet From The West
Line of Section	1	Township	17S	Range 31E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P.O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.	P.O. Box 1267 Ponca City, Oklahoma 74601					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	1	17S	31E	Yes	8-27-82 <del>8-2-81</del>

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-30-82	8-28-82	4300'	4156'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4003. GR	Grayburg-San Andres	3610'	4150'					
Perforations	Depth Casing Shoe							
See attachment 3610-4144	4300							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	637'	500 sx Class "C" 2%
			CaCl-circulate
7 7/8"	4 1/2"	4300'	500 sx 50/50 Poz, 500
	2 3/8"	4150'	sx Pacesetter C 5# salt

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-27-82	8-29-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
25	25	0	30 Post #D-2 10-10-82 6mp + BK

## 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

## I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)

9-20-82

(Date)

## OIL CONSERVATION DIVISION

SEP 30 1982

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Original Signed By  
Leslie A. ClementsTITLE \_\_\_\_\_  
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 deepens well, this form must be accompanied by a tabulation of the deviate 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.