RECEIVED BY
APR 30 1987
O. C. D.
ARTESIA, OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		✓	
FILE		✓	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	✓	
	GAS	✓	
OPERATOR		✓	
PRORATION OFFICE			

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Ray Westall

Address: P.O. Box 4 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-10-87 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Green Federal	1	~~Und.~~ AID-Y-SR	Fed. NM	14847

Location
Unit Letter F : 1219 Feet From The West Line and 1700 Feet From The North
Line of Section 19 Township 17S Range 29E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co.	Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	19	17	29	No	Waiting on Phillips hookup

If this production is commingled with that from any other lease or pool, give commingling order number: Pool ID-2 8-14-87 Comp & BH

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)
Operator
(Title)
4-28-87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 10 1987, 19____

BY Original Signed By
Les A. Clements

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.

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	(X)		(X)	X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-31-86	8-7-86	3770'	3688'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3696 GR	Metex & Premier	2262	2350'
Perforations 2262-68 2302-22			Depth Casing Shoe 3688'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8"	382'	250 Cl C 2% CC-circ.
7 7/8"	5½"	3674'	500 HLC, 350 50/50 Poz
	2 3/8"	2350'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-23-87	3-6-87	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
10	10	0	190

GAS WELL

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