

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 15 '88

O. C. D.  
ARTESIAN OFFICE

I. Operator  
Ray Westall

Address  
P.O. Box 4, Loco Hills, NM 88255

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal	Well No. 6	Pool Name, Including Formation Gbr-Jackson Q-GB-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC-054908
Location				
Unit Letter <u>24</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

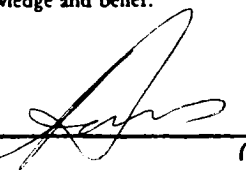
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	P.O. Box 1267, Ponca City, OK 74603
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 18 17S 31E No

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

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.

  
(Signature)  
Geologist  
(Title)  
12/15/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1988, 19  
BY Original Signed By  
Mike Williams  
TITLE

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	X	Gas Well		New Well	X	Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
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Date Spudded	11-23-88	Date Compl. Ready to Prod.	12-12-88	Total Depth	3505	P.B.T.D.	3469
Elevations (Df, RKB, RT, CR, etc.)	3699 GR	Name of Producing Formation	Grayburg-San Andres	Top Oil/Gas Pay	2782	Tubing Depth	3400
Perforations	2782-3469						
Depth Casing Shoe							
							3505

## V. 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	12-12-88	Date of Test	12-14-88	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hrs.	Tubing Pressure	0	Casing Pressure	20
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	230 load water	Gas-MCF	100

## GAS WELL

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