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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

C. D.
ARTESIA

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator RAY WESTALL		Well API No. 30-015-26086
Address PO BOX 4 LOCO HILLS NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name KERSEY STATE	Well No. 3	Pool Name, Including Formation GBR-JACKSON 7R, QN, GBR, SA	Kind of Lease State, Federal, or Private	Lease No. B-3105
Location				
Unit Letter D	: 330	Feet From The NORTH	Line and 330	Feet From The WEST
Section 16	Township 17S	Range 31E	NMPM, EDDY	
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO DRAWER 159 ARTESIA NM 88210				
Name of Authorized Transporter of Casinghead Gas CONOCO	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1267 PONCA CITY OK 74603				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 16	Twp. 17S	Rge. 31E	Is gas actually connected? YES	When? 07-08-89
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 04-25-89	Date Compl. Ready to Prod. 6-17-89		Total Depth 3680		P.B.T.D. 3622			
Elevations (DF, RKB, RT, GR, etc.) 3288 6 L	Name of Producing Formation G-SA		Top Oil/Gas Pay 3109		Tubing Depth 3600			
Perforations 3109-3269, 3300-3471, 3505-3622					Depth Casing Shoe 3670			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8	8 5/8	420	250 sxs circulated
7 7/8	5 1/2	3680	1275 sxs
	2 7/8	3600	

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 Tank 06-17-89	Date of Test 07-10-89	Producing Method (Flow, pump, gas lift, etc.) PUMP		Post TD-2 7-28-89
Length of Test 24 hr	Tubing Pressure 0	Casing Pressure 0	Choke Size 1"	Comp & BK
Actual Prod. During Test 65	Oil - Bbls. 65	Water - Bbls. 0	Gas - MCF 75	

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

VI. OPERATOR 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.

Linda J. Jaeger
Signature
LINDA J. JAEGER PRODUCTION CLERK
Printed Name
07-14-89 (505) 677-2370
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 27 1989

Date Approved
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.