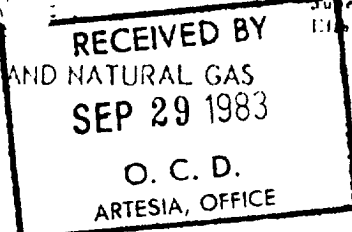


|                   |                                     |
|-------------------|-------------------------------------|
| DISTRIBUTION      |                                     |
| SANTA FE          | <input checked="" type="checkbox"/> |
| FILE              | <input checked="" type="checkbox"/> |
| U.S.G.S.          | <input type="checkbox"/>            |
| LAND OFFICE       | <input type="checkbox"/>            |
| TRANSPORTER       | <input checked="" type="checkbox"/> |
| OIL               | <input checked="" type="checkbox"/> |
| GAS               | <input checked="" type="checkbox"/> |
| OPERATOR          | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

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



Operator  
Ray Westall

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

|                                              |                                                                                         |                                                               |
|----------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Reason(s) for filing (Check proper box)      |                                                                                         | Other (Please explain)                                        |
| New Well <input type="checkbox"/>            | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Change of Operator from Ray & Garel R. Westall to Ray Westall |
| Recompletion <input type="checkbox"/>        | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>             |                                                               |
| Change in Ownership <input type="checkbox"/> |                                                                                         |                                                               |

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.     |
| Gulf B State    | 1        | Artesia Q-G-SA                    | State, Federal or Fee   | State B-11595 |
| Location        |          |                                   |                         |               |
| Unit Letter     | F        | 1980 Feet From The North Line and | 1980 Feet From The West |               |
| Line of Section | 23       | Township 18S                      | Range 28E               | NMPM, Eddy    |

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 type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
|                                                                                                                  |                                                                          |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.                                                         | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                  | G                                                                        | 23   | 18S  | 28E  |                            |      |

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                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Stim. Treat. | Other |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |       |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |              |       |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |              |       |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top of hole 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.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

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)

9-26-83

(Date)

OIL CONSERVATION COMMISSION

OCT 3 1983

APPROVED

BY Original Signed By  
Leslie 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 deep well, this form must be accompanied by a tabulation of the flow tests taken on the well in accordance with RULE 111.

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

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