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TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

APR 14 1980

O. C. D.
ARTESIA, OFFICE

Operator
Ray and Garel R. Westall
Address
Box 4, Loco Hills, N.M. 88265

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)
from Santa Fe Pipeline

If change of ownership give name
and address of previous owner

Paul E. Plummer
W. H. McKinley, Box 2145, Roswell, N.M. 88201

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf "B" State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Artesia Q-A</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B11595</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>23</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Navajo Refining Co. Pipeline Div.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 175, Artesia, N.M. 88210</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 <u>G</u>	Soc. <u>23</u>	Twp. <u>18S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>no</u>	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbl. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1. 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)
Partner
(Title)
4-10-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1980, 19
BY W. A. Gasset
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 pressure 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 conditions.