0. OF COPIES REGEIVED 5 DISTRIBUTION 5 SANTA FE 1 FILE 1		FOR ALLOWABLE	Form C - 104 Supersedes Old C - 104 and C - 110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	
LAND OFFICE	<b></b>	RECEIVED	
TRANSPORTER GAS	-		
PRORATION OFFICE		OCT 2 3 1980	
Operator		O. C. D.	
Ray Westal		ARTESIA, OFFICE	
P. O. Box	Loco Hills, New Mexico	88255	
Reason(s) for filing (Check proper be New Well	change in Transporter of:	Other (Please exploin) CASINGHEAD	GAS MUST NOT BE
Recompletion	Oil Dry Go	FLARED AFT	ER 1-1-8/ EXCEPTION TO Kerle 306
Change in Ownership	Casinghead Gas Conde	IS OBTAINED	
If change of ownership give name and address of previous owner		ex # Z expires	2-1-81
		Permit # 2-421	Expirce 3-1-81
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ey H+z-490 Kind of Lean	Expires 4-1-81
Denton Federal		R- Brate, Feder	al or Fee Fed. LC 067132
	0 Feet From The N Lir	e and2080 Feet From	TheW
Line of Section 27 T	ownship 185 Range	29Е , ммрм,	. 1,
. DESIGNATION OF TRANSPO	TER OF OIL AND NATURAL GA	8	
Nar.e of Authorized Transporter of O Navajo Refining	11 pr Condensate	Address (Give address to which appro	oved copy of this form is in be cent
Navajo <u>Refining</u> Name of Authorized Transporter of C	asinghead Gas T or Dry Gas	P.O. Drawer 175 Arte Address (Give address to which appro	
Phillips Petroleu		Bartlesville, Oklaho	
If well produces oil or liquide,	Unit Sec. Twp. Rge.	Is gas actually connected? W	1en
give location of tanks.	C 27 18S 29E	No	As soon as pipeline is la
COMPLETION DATA	ith that from any other lease or pool,	·	
Designate Type of Complet	ion - (X) X Gas Well	New Well Workover Deepen X Total Depth	Plug Back Same Pest
7-24-80	10-16-80	3015	2900
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
3459 Perforations	Penrose - Grayburg	2302	2850 Depth Casing Shoe
281 +2565			
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
124	8 5/8 24# K55	3341	250sx
7 7/8"	4 1/2 10 1/2#	3012	600sx
· · · · · · · · · · · · · · · · · · ·	2 3/8 J55	2850	
TEST DATA AND REQUEST I	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to unexceed top altime-
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 houre) Producing Method (Flow, pump, gas li	
8-12-80	8-20-80	Pump	
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Actual Prod. During Test	Oil-Bbie.	O Water - Bble.	Gas-MCF
50	20	30	25, 20
			Alter
Actual Prod. Teet-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Teeling Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN			ATION COMMISSION
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given to best of my knowledge and belief.	APPROVED NOV 1 BY SUFERVISOR,	1980
(Signature) Operator		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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 allow-	

(Date)

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well name or number, or transporter, or other such change of condition.

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