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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEP 16 1981

O. C. D.  
ARTIFICIAL LIFT

Operator  
Ray Westall

Address  
Box 4, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-1-81  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

If change of ownership give name  
and address of previous owner

EX # 2-572 until January 4, 1982  
EX # 2-583 until Feb 4, 1982  
EX # 2-544 until March 4, 1982

DESCRIPTION OF WELL AND LEASE

Lease Name Amoco State	Well No. 1	Pool Name, including Formation Loco Hills on/GB/SA	Kind of Lease State, Federal or Fee	Lease No. L6814
Location Unit Letter 0 : 1980 Feet From The E Line and 660 Feet From The S Line of Section 16 Township 18S Range 29E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 432 Home Savings & Loan, Bartlesville, Oklahoma 74004	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16
	Twp. 18S	Rge. 29E
	Is gas actually connected?	When
	No	9-1-81

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-15-81	Date Compl. Ready to Prod. 7-1-81		Total Depth 3400		P.B.T.D. 3260			
Elevations (DF, RAB, RT, GR, etc.) 3628.5	Name of Producing Formation Loco Hills Premier		Top Oil/Gas Pay 1200 2498		Tubing Depth 3200			
Perforations 2498 - 2520' 12 holes 2680 - 82; 2722-24, 2796-2820, 2886-90 2898-02 2952-54, 2992-3018, 3032-61, 3072-76, 3174-76, 3190-92					Depth Casing Shoe 3400			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		350'		300 sx class "C"			
					10 yds ready mix			
7 7/8	4 1/2		3400'		420 class "C" &			
					460 50-50 Poz			

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 6-10-81	Date of Test 6-15-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 20#	Choke Size 15 1/2
Actual Prod. During Test 40 bbls	Oil - Bbls. 15 bbls	Water - Bbls. 25 bbls	Gas - MCF 15 10

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division 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)  
SEP 16 1981  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1981  
BY *W. A. Giesett*  
SUPERVISOR, DISTRICT II  
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 recompleted wells.