

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

OCT 1 1982

REQUEST FOR ALLOWABLE
AND

O. C. D.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
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"/>

Operator
Ray WestallAddress
P. O. Box 4 Loco Hills, NM 88255

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

R-7222 2/25/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Denton Federal	6	Turkey Track SR-Q-G-~SA	State, Federal or Fee	Federal LC067132
Location				
Unit Letter	K	1880 Feet From The	South Line and	2080 Feet From The
				West
Line of Section	22	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"/>	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	22	18S	29E	Yes	3-20-81

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	(X)		(X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-18-82	9-2-82	3140'	2750'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3448 GR	Q-G-Renrose	2034'	2720'					
Perforations	40h 2034-74	6h 2364-70	8h 2514-22	4h 2656-60	Depth Casing Shoe			
See Attachment					3138			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	368'	400 sx class C 4%CaC
7 7/8"	4 1/2"	3138'	475 sx 50/50 Poz. 6%
			CF9, 3% TF4, 3%KCL.
	2 7/8"	2720	320 sx class C 4%CaC

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
9-2-82	9-3-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
35	20	15	40

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 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)

9-20-82

(Date)

OIL CONSERVATION DIVISION

SEP 30 1982

APPROVED _____, 19 _____

BY _____

Original Signed By

Leslie A. Clements

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 deviated 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 multiple completed wells.