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LAND OFFICE			
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	
	GAS	<input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>	
PRODUCTION OFFICE			

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

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

JAN 10 1983

O. C. D.

ARTESIA, OFFICE

Operator

Ray Westall ✓

Address

P.O. Box 4 Loco Hills, NM 88255

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)

Test Allowable for 775 25 bbls. &

400 MCF

2874-84

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Denton Federal	Well No. 5	Pool Name, Including Formation Turkey Track SR-Q-G	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-067132
Location				
Unit Letter D	790	Feet From The N	Line and 990	Feet From The W
Line of Section 27	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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11-12-82	Date Compl. Ready to Prod.	Total Depth 3100'	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 3463. GR	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 (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 1-7-82	Date of Test 1-7-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 700#	Casing Pressure 0	Choke Size 16/64
Actual Prod. During Test 25	Oil - Bbls. 25	Water - Bbls. 0	Gas - MCF 400

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)

1-7-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 13 1983, 19

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 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.