| DISTRIBUTION | | |
|---|---|---|
| SANTA FE | ✓ | |
| FILE | ✓ | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER OIL | ✓ | |
| TRANSPORTER GAS | ✓ | |
| OPERATOR | ✓ | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED BY MAY 21 1984 O. C. D. ARTESIA, OFFICE

Operator: Ray Westall ✓

Address: P.O. Box 4 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease |
|---|---|---|---|---|
| Denton Federal | 8 | ~~Wildcat~~ San Andres | State, Federal or Fee Fed. | LC-067132 |

Location: Unit Letter O : 930 Feet From The South Line and 2000 Feet From The East

Line of Section 21 Township 18S Range 29E NMPM, Eddy Co.

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: 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 [X] or Dry Gas [ ]: Phillips Petroleum Co.

Address (Give address to which approved copy of this form is to be sent): Bartlesville, OK 74004

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | O | 21 | 18S | 29E | No | ASAP |

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'v. |
|---|---|---|---|---|---|---|---|---|
| | (X) | | (X) | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 1-19-84 | 5-1-84 | 3491' | 3120' |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3471. GR | Loco Hills | Queen ~~1998~~ 2392 | 2650' |

Perforations: 3138-42, 3156-64, 3172-76 ( 1shot per foot, 16 holes)
2392-2412, 2440-50

Depth Casing Shoe: ~~3480'~~ 3491

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12¼" | 8 5/8" | 350' | 300 sx Class C, 2% CC |
| 7 7/8" | 5½" | 3489' | 500 sx |
| | 2 3/8" | 2650' | |

## 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)

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
|---|---|---|---|
| 5-1-84 | 5-15-84 | Pump | Post ID-2 6-8-84 Comp RK |

| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
|---|---|---|---|
| 24 hrs | 0 | | |

| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
|---|---|---|---|
| 50 | 40 | 20 | 40 |

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |

| Testing Method (pitot, 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)

5-18-84
(Date)

## OIL CONSERVATION COMMISSION

APPROVED MAY 31 1984, 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 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 operator, well name or number, or transporter, or other such change of condition.