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OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DEC 26 1984  
O. C. D.  
ARTESIA, OFFICE

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

Operator  
**Ray Westall**  
Address  
**Box 4 Loco Hills, New Mexico 88255**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 1-31-85  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED**  
If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ritz Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Shugart Y-SR-Q-GB-SA</b>	Kind of Lease State, Federal or Fee <b>Fed NM</b>	Lease: <b>025503</b>
Location Unit Letter <b>G</b> , <b>2317</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>35</b> Township <b>185</b> Range <b>30E</b> , NMPM, <b>Eddy</b> Coun				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 159 Artesia, N.M. 8821</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma 74004</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>35</b>
	Twp. <b>185</b>	Rge. <b>30E</b>
	Is gas actually connected? <b>no</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

III. 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't'v. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded <b>9/21/84</b>	Date Compl. Ready to Prod. <b>10/11/84</b>		Total Depth <b>4000</b>		P.B.T.D. <b>3990</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3421 GR</b>	Name of Producing Formation <b>Queen-Grayburg</b>		Top Oil/Gas Pay <b>3078</b>		Tubing Depth <b>3240</b>			
Perforations <b>3844-74 31.40 cal 3078-3213 26.40 cal</b>					Depth Casing Shoe <b>4000</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/2"</b>	<b>8 5/8"</b>		<b>485</b>		<b>280</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>4000</b>		<b>1400</b>			
	<b>2 3/8"</b>		<b>3240</b>					

IV. 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 of  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>10/25/84</b>	Date of Test <b>12/15/84</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>10#</b>	Choke Size <b>7/8"</b>
Actual Prod. During Test <b>40</b>	Oil-Bbls. <b>10</b>	Water-Bbls. <b>30</b>	Gas-MCF <b>25</b>

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

V. 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)

12-21-84

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 31 1984**, 19  
BY **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 deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.