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STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

NO. OF APPLICANTS	1
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Ray Westall

Address
P.O. 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
☐ Casinghead Gas

☐ Dry Gas
☐ Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-11-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Trigg Federal	Well No. 1	Pool Name, including Formation Shugart - Grayburg	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-06245
Location				
Unit Letter K	1980	Feet From The South	Line and 2310	Feet From The West
Line of Section 35	Township 18S	Range 30E	NMPM, Eddy	

Post ID-2
10-11-85
Comp BK

III. 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	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Waiting on Phillips Pet. 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. K 35 18S 30E
Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)
Operator
(Title)
10-9-85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 11 1985, 19

BY Original Signed By
Les A. Clements
Supervisor District 11

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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well (X)	Gas Well	New Well (X)	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-12-85	Date Compl. Ready to Prod. 9-2-85	Total Depth 3405'			P.B.T.D. 3190'				
Elevations (DF, RKB, RT, GR, etc.) 3429 GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3054'			Tubing Depth 3180'				
Perforations 3167-3190 - 21 holes 3054-3064 - 21 holes						Depth Casing Shoe 3405'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	488'	300 SXS
7 7/8"	5 1/2"	3404'	750 SXS
	2 3/8"	3180'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of loss 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 9-23-85	Date of Test 10-2-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0#	Casing Pressure 10#	Choke Size 7/8"
Actual Prod. During Test 21	Oil - Bbls. 20	Water - Bbls. 1	Gas - MCF 10

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