

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

FEB 26 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. Operator Ray Westall ✓	
Address P.O. Box 4, Loco Hills, NM 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change of Operator from Tom. L. Ingram to Ray Westall Effective 2-23-88
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Solt State	Well No. 4	Pool Name, including Formation Artesia- Queen, GMP, SA	Kind of Lease State, Federal or Fee State	Lease No. E-3823
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>18-S</u> Range <u>28-E</u> , NMPM, Eddy County				

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 Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 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) Partlesville, Ok. 74004	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>5</u> Twp. <u>18-S</u> Rge. <u>28-E</u>	Is gas actually connected? <u>yes</u> When <u>2-20-86</u>

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)

2/25/88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 0 1988, 19 _____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.