

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Featherstone Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Shugart Yates TRVS-Q-G</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM-27278</u>
Location				
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>610</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, OK 74004</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>26</u>	Twp. <u>18S</u>	Rge. <u>30E</u>
	Is gas actually connected? <u>Yes</u>		When <u>7-16-86</u>	

Post ID-2  
9-19-86  
comp & 615

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)

7-10-86

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 23 1986, 19

BY Original Signed By

Les A. Cisments

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.

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-6-86	Date Compl. Ready to Prod. 7-16-86		Total Depth 3500'		P.B.T.D. 3500'				
Elevations (DF, RKB, RT, GR, etc.) 3406. GL	Name of Producing Formation Penrose-Grayburg		Top Oil/Gas Pay 3109'		Tubing Depth 3300'				
Perforations 3044-3400						Depth Casing Shoe 3500'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		572'		500 SXS				
12 1/4"	8 5/8"		1710'		675 SXS				
7 7/8"	5 1/2"		3500'		450 SXS				
	2 7/8"		3300'						

#### V. 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 7-16-86	Date of Test 7-19-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 90	Oil - Bbls. 50	Water - Bbls. 0	Gas - MCF 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