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State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
MAR 2 '90
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
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VT
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

| | |
|--|------------------------------|
| Operator RAY WESTALL / | Well API No. 300-15-26267 |
| Address P.O. BOX 4, LOCO HILLS, N.M. 88255 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name TRIGG FEDERAL | Well No. 8 | Pool Name, Including Formation SHUGART 7R QUEEN GB | Kind of Lease State , Federal XXXX | Lease No. NM 06245 |
| Location Unit Letter M : 330 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 35 Township 18S Range 30 E , 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 | Address (Give address to which approved copy of this form is to be sent) N. FREEMAN, ARTESIA , N.M. | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS | Address (Give address to which approved copy of this form is to be sent) 2001 PENBROOK, ODESSA, TX 79762 | | | |
| If well produces oil or liquids, give location of tanks. | Unit 1 | Sec. 35 | Twp. 18S | Rge. 30E |
| Is gas actually connected? | | | When ? | |
| YES | | | 2/20/90 | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|--|---------------------------|----------------------|-----------|----------------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 1/23/90 | Date Compl. Ready to Prod. 2/8/90 | | Total Depth 4500 | | P.B.T.D. 3049 | | Post ID-2 3-23-90 | |
| Elevations (DF, RKB, RT, GR, etc.) 3432 GR | Name of Producing Formation QUEEN | | Top Oil/Gas Pay 2914 | | Tubing Depth 2900 | | comp x RIR | |
| Perforations 2914-3049 | | | | Depth Casing Shoe 4500 | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2 | 13 3/8 | | 573 | | 960 circulated | | | |
| 12 1/4 | 8 5/8 | | 1713 | | 1235 circulated | | | |
| 7 7/8 | 5 1/2 | | 4500 | | 600 | | | |

V. 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 allowable for this depth or be for full 24 hours.)

| | | | |
|---|-------------------------|---|------------------|
| Date First New Oil Run To Tank 2/10/90 | Date of Test 2/20/90 | Producing Method (Flow, pump, gas lift, etc.) FLOW | |
| Length of Test 24 | Tubing Pressure 300# | Casing Pressure 600# | Choke Size 1" |
| Actual Prod. During Test 110 | Oil - Bbls. 90 | Water - Bbls. 20 | Gas- MCF 110 |

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 |

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

Signature
Printed Name
Randall L. Harris
Date 3/2/90
Title
Expl. Mgr.
505 677-237 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 16 1990
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT #

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.