

Unit 5 Copies  
Appropriate District Office  
District I  
Box 1980, Hobbs, NM 88240  
District II  
Drawer DD, Artesia, NM 88210  
District III  
Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

RECEIVED Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
FEB 28 1991  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall	Well API No. 3001526268
Address Box 4, Loco Hills NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Change in Well <input checked="" type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Range of operator give name Address of previous operator	

DESCRIPTION OF WELL AND LEASE

Well Name Trigg Federal	Well No. 109	Pool Name, Including Formation Shugart 7R, QN Gbr	Kind of Lease State, Federal or Fee	Lease No. NM 06245
Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line				
Section 35 Township 18S Range 30E, NMIM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEX-NEWMEX	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs NM 88240				
Name of Authorized Transporter of Casinghead Gas Phillips	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bartlesville Oklahoma				
Well produces oil or liquids, location of tanks.	Unit K	Sec. 38	Twp. 18S	Rge. 30E	Is gas actually connected? Yes	When? 2/1/91

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

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 8/27/90	Date Compl. Ready to Prod. 1/19/91	Total Depth 4529	P.B.T.D. 2906					
Productions (DF, RKB, RT, GR, etc.) 3402.8 gr.	Name of Producing Formation 7R-Queen	Top Oil/Gas Pay 2196	Tubing Depth 2150					
Productions 2896-2906, 2196-2288			Depth Casing Shoe 4529					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	510	400
12 1/4	8 5/8	1675	900
5 1/2	7 7/8	4529	750

TEST DATA AND REQUEST FOR ALLOWABLE

NEW 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 of First New Oil Run To Tank 1/30/91	Date of Test 2/15/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure 0	Casing Pressure 10	Choke Size 1"
Actual Prod. During Test 130	Oil - Bbls. 30	Water - Bbls. 100	Gas - MCF 50

AS 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

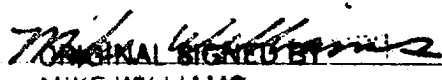
OPERATOR CERTIFICATE OF COMPLIANCE

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 Randall L. Harris	Geologist
Printed Name 1/24/91	Title 505 677-2370
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1991

By   
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.

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10-10-1964