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MAY - 7 1991

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Ray Westall	30-015-26578
Address Box 4, Loco Hills NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <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"/>
Change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Trigg Federal	10	Shugart 7R-Qn-Gb	State, Federal or Fee	NM 06245
Location				
Unit Letter	N	330	Feet From The	South
		Line and	1980	Feet From The
		West	Line	
Section	35	Township	18South	Range
		30 East	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo		N. Freeman, Artesia NM 88210	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips		4001 Penbrook, Odessa Tx 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	K	35	18S
			30E
Is gas actually connected?	When?		
Yes	4/25/91		
If this production is commingled with that from any other lease or pool, give commingling order number:			

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2/13/91	3/14/91		3550		3550			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3513 Gr.	Queen		3007		3100			
Perforations					Depth Casing Shoe			
3007-56 3126-41					3550			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	595	525 Part ID-2
7 7/8	5 1/2	3550	850 5-24-91
			camp + BK

VII. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/25/91	4/25/91	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	30	60	1"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	45	40	75

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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 Harris
Date 5/5/91
Title
Geologist
505/677-2370 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 16 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.