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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brizow 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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL		Well API No. 30-015-26963
Address P.O. BOX 4 LOCO HILLS, NM 88255		
Reason(s) for Filing (Check proper box) 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"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name CULWIN QUEEN	Well No. 19	Pool Name, Including Formation SHUGART-Y-7R-QN-GB	Kind of Lease State, Federal or Foreign XXXXXXX	Lease No. 14-0800018772
Location Unit Letter O : 2363 Feet From The EAST Line and 1043 Feet From The SOUTH Line Section 36 Township 18S Range 30E, 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 REFINING CO	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159 ARTESIA, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 5050 BARTLESVILLE, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36
	Twp. 18S	Rge. 30E
	Is gas actually connected? YES	When? 12/30/93

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 12/01/93	Date Compl. Ready to Prod. 12-30-94		Total Depth 3416		P.B.T.D. 3413			
Elevations (DF, RKB, RT, GR, etc.) 3533 GR	Name of Producing Formation SHUG-Y-7R-QN-GB		Top Oil/Gas Pay 3077		Tubing Depth 2970			
Perforations 3077 - 3123					Depth Casing Shoe 3413			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2		DEPTH SET 640' 3413		SACKS CEMENT 350 1125 Post TD-2 2-25-94 comp & CIP			

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 01/01/94	Date of Test 01/19/94	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 0	Casing Pressure 20#	Choke Size 1"
Actual Prod. During Test 100	Oil - Bbls. 20	Water - Bbls. 80	Gas - MCF TSTM

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
GUANEL HARDEN
Printed Name
02/04/94
Date
Title
PRODUCTION CLERK
(505) 677-2370
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 11 1994

By
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.