Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

HELEIAED

QL.D.

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Dania 10, 11011 Inchiso Civil 1	
REQUEST FOR ALLOWABLE AND AUTHORIZATION	

DISTRICT III 1000 Rio Brizos Rd., Aztec, NM 87410	REQUEST FOR A	ALLOWARI	E AND AU	JTHORIZA [*]	TION			
I.	TO TRANS	PORT OIL A	JTAN DNA	JRAL GAS	- Wall Ari	No.		 -
Operator RAY WESTALL					30	0-015-0	4584	<u> </u>
Address	LOGO UTLLC	NM OO	255	•				(Y).
P.O. BOX 4 Reason(s) for Filing (Check proper box)	LOCO HILLS	, NM 00		(Please explain)		š., .		
New Well	Change in Tran						``	7
Recompletion L	Oil Dry Casinghead Gas Con	idensale						
<u> </u>	B & A OPERATI	NG COMPA	NY P	O. BOX	136, 1	OVINGT	ON, NM	88260
II. DESCRIPTION OF WELL	AND LEASE						-r	
Lease Name	Well No. Pool Name, Including Formation			ou ann	Kind of	Lease deral 好来校	LC-06	10 No.
CULWIN QUEEN	13 S	HUGART-Y	ATES-/I	R-ON-GRB			10000	<u> </u>
Unit Letter A	:660I'e	et From The NC	DRTH Line	and <u>660</u>	Feet	From The	EAST	Line
Section 1 Township	n 195 Ra	ngo 30	DE ŃM	PM, EDDY				County
	<u> </u>	•			·	· .		
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATUR	Address (Give	WATER address to which	INJEC h approved c	TION WI	m is to be sent	,
OSX SNX NX NA NX OK X X X X			XXXXXXX	XXXXXXXX	XXX XXX	KKKXKA	XXIIIX XXX	82W.
Name of Authorized Transporter of Casin	ghead Gas $[X]$ or $X \times X $	Diy Gae []	Address (Give	address to which	n approved (XXXXXX	KKKXKKI	XIX X XXXXXX	7.4XXXX4X
If well produces oil or liquids, nive location of tanks.	Unit Sec. Tv		In gas actually		When '			
If this production is commingled with that IV. COMPLETION DATA			ing order numb	er:				
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded	Date Compl. Ready to Pr	od.	Total Depth	<u> </u>	J	P.B.T.D.	:	
Elevations (DF, RKB, RT, GR, etc.)	(c.) Name of Producing Formation		Top Cil/Unit 1	'ay	<i>t</i> .	Tubing Dept	h	
Perforations						Depth Casin	g Shoe	
		. 614161 . 4415	CIPA ANALYSI	ud nucont		<u> </u>		•
HOLE SIZE	CASING & TUBI	ASING AND	CEMENTI	DEPTH SET	<u></u>	5	AÇKS CEME	ENT
						Post ID-3		3
				·····		10	-23-93	
			l				of the	
V. TEST DATA AND REQUE							C-4 G-11 24 h-au-	1
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	1000 OII ONO MIGI		ethod (Flow, pun			4	**/
Length of Test	Tubing Pressure		Casing Pressure.			Choke Size		
Actual Prod. During Test	Oil - Bbia.		Water - Bbla.	•		Uss- MCP	•	
GAS WELL	<u> </u>		<u> </u>			<u> </u>		
Actual Prod. Test - MCP/D	Length of Test		Bols. Conclensate/MMCP			Cinvity of C	Ondendia	
Feating Method (pitot, back pr.)	Tubing Freestire (Shut-in)		Casing Pressure (Shut-In)			Choke Size	, ,	
							·	
VI. OPERATOR CERTIFIC				OIL CON	CEDV	ATION	DIVICIO)M
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	d that the information given		11 .		OCT	8 199	_	<i>)</i> \
	(s)		Date	3 Approved	1 t			
Signature/	malh	OI EDY	Ву_	• ,				
JUANEL HARDEN Printed Name	PRODUCTION (505) 677-		Title		INAL SIC	NED BY	116	
1 <u>0/04/93</u> Date		2370				, DISTAIC	राम र	

- 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.

Telephone No.

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.