

DISTRICT III
1000 Rio Drazon 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

OCT - 6 1993

Q. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator RAY WESTALL		Well API No. 30-015-04585
Address P.O. BOX 4 LOCO HILLS, NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator B & A OPERATING COMPANY P.O. BOX 136, LOVINGTON, NM 88260		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name CULWIN QUEEN	Well No. 17	Pool Name, including Formation SHUGART-YATES-7R-ON-GRB	Kind of Lease SSM, Federal HX 44	Lease No. LC-063613
Location				
Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line				
Section <u>1</u> Township <u>19S</u> Range <u>30E</u> , <u>NMPM</u> , <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL

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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)	
NAXA OIL FIELD COMPANY						XX	
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)	
CRUDE GAS EXTRACTION						XX	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?	

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

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASINO AND CEMENTING RECORD

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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Port ID-211
			10-22-93
			cdg apr

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbla.	Water - Bbla.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	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 Juanel Harden
JUANEL HARDEN PRODUCTION CLERK
 Printed Name
 10/04/93 (505) 677-2370
 Date Telephone No

OIL CONSERVATION DIVISION

Date Approved OCT 8 1993

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.