STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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LAND OFFICE		
TRANSPORTER OIL	/	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JUL 15 1980
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Westall & Mask

Address: BOX 234 LOCO HILLS, N. M. 88255

Reason(s) for filing (Check proper box)
- New Well [+]
- Recompletion [ ]
- Change in Ownership [X]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain): Change lease name from State B

CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

Ef. ~~2-427~~ Hearing 12-1-80
Ex ~~2-453~~ " 1-31-81

If change of ownership give name and address of previous owner: Bm Kishone + Gaul R Westall

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State, E 6017	3	SHUGART	State, Federal or Fee STATE	E 6017

Location: Unit Letter E : 990 Feet From The W Line and 2310 Feet From The N.

Line of Section 2 Township 19 Range 31, NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Texas New Mexico Pipeline Co.

Address (Give address to which approved copy of this form is to be sent): BOX 1510 Midland, TEXAS 79701

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: PHILLIPS PETROLEUM CO.

Address (Give address to which approved copy of this form is to be sent): BARTLESVILLE, OKLA. 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	2	19	31	~~NO~~ Yes	90 days

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/26/80	7/8/80	4200	4167

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3630	lower queen(penrose)	3596 - 3740	3675

Perforations: 29 holes (3656-58-60-62-64-66--3694-96-98--3700-02-04-08-10 3596-98--3600--3638-40-42-44-46-48-50-52-54--3736-38-40) --- Depth Casing Shoe: 4200

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 1/4	8 5/8	660	250
7 7/8	4 1/2	4200	475
	2 3/8"	3675	

TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
6/25/80	7/8/80	Pumping	none

Length of Test	Tubing Pressure	Casing Pressure	Gas-~~MCF~~
24 hrs.	15#	15#	28,000 cu. ft.

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
51 bbls.	41 bbls.	10 bbls.

Posted 10 2T BOOK LET NO 3 Chgd 7-21-80

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Gaul R. Westall
(Signature)

CO-OWNER
(Title)

7-8-80
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1980, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.