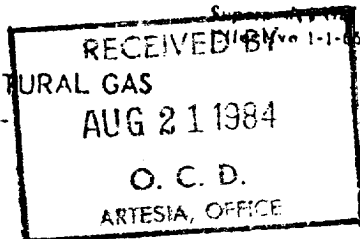


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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator Ray Westall

Address P.O. Box 4 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-30-84</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Amoco Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Hackberry Yates - SF</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM-34657</u>
Location				
Unit Letter <u>L</u>	<u>1980</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>21</u>	Township <u>19S</u>	Range <u>31E</u>	NMPM, <u>Eddy</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>21</u> Twp. <u>19S</u> Rge. <u>31E</u>
Is gas actually connected?	<u>No</u>
When	

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>6-11-84</u>	Date Compl. Ready to Prod. <u>7-2-84</u>	Total Depth <u>2330'</u>	P.B.T.D. <u>2324</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3476 GR</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>2195'</u>	Tubing Depth <u>2250</u>					
Perforations <u>2195-2248 37 .36 Cal</u>			Depth Casing Shoe <u>2330'</u>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>350'</u>	<u>200 SX</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>2330'</u>	<u>500 SX</u>
	<u>2 3/8"</u>	<u>2250'</u>	

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 Tanks <u>7-4-84</u>	Date of Test <u>7-20-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	Post ID-2 8-31-84 Camp & BH
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	
Actual Prod. During Test <u>25</u>	Oil-Bbls. <u>15</u>	Water-Bbls. <u>10</u>	
		Gas-MCF <u>TSTM</u>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Maryline Hill
(Signature)

Secretary

(Title)

8-18-84

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1984, 19 _____

BY Leslie A. Clements

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.