

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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ARTS & CONSERVATION DIVISION

Form C-104  
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Page 1

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LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ray Westall

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

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3-26-85</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED</b>
<input type="checkbox"/> 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	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Amoco Fed.</u>	Well No. <u>2</u>	Pool Name, including Formation <u>N. Hackberry Yates - SR</u>	Kind of Lease State, Federal or Fee <u>Fed, NM33953</u>	Lease No.
Location				
Unit Letter <u>F</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>1870</u>	Feet From The <u>West</u>
Line of Section <u>21</u>	Township <u>19S</u>	Range <u>31E</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>P.O. Box 1183 Houston, Texas 77251</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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>21</u>	<u>19S</u>	<u>31E</u>	<u>No</u>	<u>Post FD-2 3-1-85 Camp + BR</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Westall  
(Signature)  
Operator  
(Title)  
2-22-85  
(Date)

OIL CONSERVATION DIVISION  
**FEB 26 1984**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Leslie A. Clements  
Supervisor District II  
TITLE \_\_\_\_\_

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 multiply completed wells.

IV. 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 11-21-84	Date Compl. Ready to Prod. 12-11-84		Total Depth 2425'		P.B.T.D. 2405'				
Elevations (DF, RKB, RT, GR, etc.) 3494 GR	Name of Producing Formation Yates		Top Oil/Gas Pay 2195		Tubing Depth 2350				
Perforations 2195-2323 w/20 40 cal							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		350'		250 sxs				
7 7/8"	5 1/2"		2425'		600 sxs				
	2 3/8"		2350						

V. 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)

Date First New Oil Run To Tanks 1-25-85	Date of Test 1-28-85	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 5#	Choke Size 7/8"	
Actual Prod. During Test 50 bbls	Oil - Bbls. 10	Water - Bbls. 40	Gas - MCF	

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