

DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE		

Operator

Ray Westall

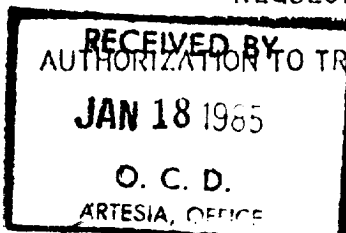
NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1.  
Effective 1-1-65



Address

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 2-22-85  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Amoco Federal	5	W. Hackberry Yates - SK	State, Federal or Fee	Fed. NM33953
Location	Unit Letter	Feet From The	Line and	Feet From The
	C	990	North	1980
	Line of Section	Township	Range	County
	21	19S	31E	Eddy

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)					
The Permian Corporation	P.O. Box 1183 Houston, Texas 77251					
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)					
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	F	21	19S	31E	No	

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 Res'v.	Diff. Res'v.
	(X)		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-17-84	12-7-84	2425'	2395'					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3484. GR	Yates	2220	2350'					
Perforations			Depth Casing Shoe					

2220-2317

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	350'	200 SX5
7 7/8"	5 1/2"	2315'	600 SX5
	2 3/8	2350	

TEST DATA AND REQUEST FOR ALLOWABLE  
1. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-20-84	1-5-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0	5#	7/8"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
110 bbls	10	100	TSTM

2. WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing 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 is true and complete to the best of my knowledge and belief.

Ray Westall  
(Signature)

Operator

(Title)

1-10-85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 23 1985, 19  
BY Original Signed 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.