

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd, Aztec, NM 87410
Aztec, NM, 87410
District IV
PO box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NM 87504-2088

Form C-104
Revised February 10,, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies
☐ AMENDED REPORT

clsr
LT
Op

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

OPERATOR NAME AND ADDRESS RAY WESTALL P.O. BOX 4 LOCO HILLS, NM 88255		OGRID NUMBER 018862
		REASON FOR FILING CODE CO 1-1-95
API NUMBER 30-015- 25081	POOL NAME HACKBERRY YATES 7 RIVERS, NORTH	POOL CODE 029490
PROPERTY CODE 011651	PROPERTY NAME AMOCO FEDERAL	WELL NUMBER 006

II. SURFACE LOCATION

UL OR LOT NO. D	SECTION 21	TOWNSHIP 19S	RANGE 31E	LOT.IDN	FEET FROM THE 990	NORTH/SOUTH LINE NORTH	FEET FROM THE 660	EAST/WEST LINE WEST	COUNTY EDDY
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BOTTOM HOLE LOCATION

UL OR LOT NO.	SECTION	TOWNSHIP	RANGE	LOT.IDN	FEET FROM THE	NORTH/SOUTH LINE	FEET FROM THE	EAST/WEST LINE	COUNTY
LSE CODE	PRODUCING METHOD CODE		GAS CONNECTION DATE		C-129 PERMIT NUMBER		C-129 EFFECTIVE DATE	C-129 EXPIRATION DATE	

III. OIL AND GAS TRANSPORTERS

TRANSPORTER OGRID 5108	TRANSPORTER NAME AND ADDRESS CONOCO INC 10 DESTA DRIVE STE 550 MIDLAND, TX 79705	POD 2604210	O/G O L	POD ULSTR LOCATION AND DESCRIPTION 21 19S 31E 1980 FNL 660 FWL
				JAN 6 '95
				O. C. D. ARTESIA, OFFICE

IV. PRODUCED WATER

POD 2604250	POD ULSTR LOCATION AND DESCRIPTION L 21 19S 31E
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V. WELL COMPLETION DATA

SPUD DATE	READY DATE	TD	PBTD	PERFORATIONS
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT

V. WELL TEST DATA

DATE NEW OIL	GAS DELIVERY DATE	TEST DATE	TEST LENGTH	TBG PRESSURE	CSG PRESSURE
CHOKE SIZE	OIL	WATER	GAS	AOF	TEST METHOD

I hereby certify that the rules 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: <i>Juanel Harper</i> Printed name: JUANEL HARPER Title: PRODUCTION ANALYST Date: 01/03/95 Phone: (505) 677-2370		OIL CONSERVATION DIVISION Approved by: SUPERVISOR, DISTRICT II Title: Approval Date: JAN 12 1995	
If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature		Printed Name	Title Date

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135
Expires August 31, 1985

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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JUL 28 1986 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-34657
2. NAME OF OPERATOR Ray Westall		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4, Loco Hills, New Mexico 88255		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 660' FWL		8. FARM OR LEASE NAME Amoco Federal
		9. WELL NO. 63
		10. FIELD AND POOL, OR WILDCAT N. Hackberry Yates 7 RVS
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-19S-31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3473' GR	12. COUNTY OR PARISH Eddy Co.
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Transfer well from active status to in-active status.
2. This well is capable of production in paying quantities but the failure to suspend production will lead to premature abandonment.

APPROVED FOR 12 MONTH PERIOD
ENDING 7/22/87

18. I hereby certify that the foregoing is true and correct

SIGNED Alana Curran TITLE Agent DATE 7-15-86
(This space for Federal or State office use)
APPROVED BY Scott Adams TITLE ACTING DATE 7-23-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side