

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUN 06 1985
O. C. D.
ARTESIA OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of:
☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Texas Crude</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>North Hackberry Yates - SR</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>LC-063622</u>
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, New Mexico 88210</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) <u>Post FD-2</u> <u>6-14-85</u> <u>Comp & BK</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>21</u>
	Twp. <u>19S</u>	Rge. <u>31E</u>
	Is gas actually connected?	When
	<u>No</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)

6-4-85

(Date)

OIL CONSERVATION DIVISION

JUN 13 1985

APPROVED _____, 19

BY Original Signed By

Les 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.

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

IV. COMPLETION DATA

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 4-9-85	Date Compl. Ready to Prod. 4-24-85		Total Depth 2425'			P.B.T.D. 2425'			
Elevations (DF, RKB, RT, GR, etc.) 3503. GR	Name of Producing Formation Yates		Top Oil/Gas Pay 2189'			Tubing Depth 2320'			
Perforations 2189-2325						Depth Casing Shoe 2425'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	341'	230 SXS
7 7/8"	5 1/2"	2425'	400 SXS
	2 3/8"	2320'	

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 4-28-85	Date of Test 5-15-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 5#	Casing Pressure 0	Choke Size 7/8"
Actual Prod. During Test 40	Oil - Bbls. 25	Water - Bbls. 15	Gas - MCF TSTM

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