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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
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FEB 11 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	RAY WESTALL	Well API No.	18862	30-015-27090
Address				
P.O. BOX 4 LOCO HILLS, NM 88255				
Reason(s) for Filing (Check proper box)				
<input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of:				
<input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>				
<input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>				
If change of operator give name and address of previous operator				
DTA OIL PRODUCERS 104 S. PECOS MIDLAND, TX 79701				

II. DESCRIPTION OF WELL AND LEASE

Lease Name	LUSK "B"	Well No.	1	Pool Name, Including Formation	HACKBERRY	Kind of Lease	State, Federal or Private	Lease No.	V835-1
Location									
Unit Letter P : 800 Feet From The SOUTH Line and 560 Feet From The EAST Line									
Section 16 Township 19S Range 31E, 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)
CONOCO INC		10 DESTA DRIVE STE 560, MIDLAND, TX 79705
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 P Sec. 16 Twp. 19 Rge. 31	Is gas actually connected? NO When ?

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

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	Date Compl. Ready to Prod.	Total Depth	P.D.T.D. Port ED-3			
07/12/93	11/01/93	6850'	2-25-94			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth chg ap			
3506 GL	DELAWARE		Depth Casing Shoe 6850			
Perforations	78 HOLES					
4526-4642						
TUBING, CASING AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
17 1/2	13 3/8	825	550 CIRC			
11	8 5/8	2200	900 SX CIRC			
7 7/8	5 1/2	6850	900 SX			

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/10/93	11/12/93	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	0	0	comp & BK
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	4--BOPD	10 BWPD	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

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

Signature Juanel Harden PRODUCTION CLERK
Printed Name JUANEL HARDEN
Date 02/10/94 Title (505) 677-2371
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994

By

Title

SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.