Submit 5 Copies Appropriate District Office DISTRICT 1 State of New Mexico Form C-104 , Minerals and Natural Resources Departme En Revised 1-1-89 P.O. Box 1980, Hobbs, NM 88240 e Instructio at Bottom of Page **OIL CONSERVATION DIVISION** <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Opulator Well API No. Ray Westall 30-015-10267-0002 Address Box 4, Loco Hills NM 88255 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion <u>x</u> Oil Dry Gas Change in Operator Casinghead Gas Condensate f change of operator give name nd address of previous operator I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Canter Federal 2 Burton Flat Strawn East State, Federal WryFrex NM0556290 Location 990 North Line and Α Unit Letter 990 Feet From The East Feet From The Line 20 South Range Section 10 Township 29 East Eddy NMPM, County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) ^lxx Navajo N. Freeman Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]X Address (Give address to which approved copy of this form is to be sent) Delaware Natural Gas 9111 JOLLYVELSRICHEAT 653 Mitstn MOT 2BE 78759 Co f well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ive location of tanks. 20S 10 L29Ē | A FLARED AFTER 7130 NO 1.11 this production is commingled with that from any other lease or pool, give commingling order number: UNLESS AN EXCEPTION FROM V. COMPLETION DATA THE B. L. M. IS OBTAINED Oil Well New Well Workover Deepen Plug Back Same Res'v Gas Well Designate Type of Completion - (X) Diff Res'v Х Х Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 7/20/85 11/23/90 13,020 10,636 levations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil Gas Pay Tubing Depth 3315 Gr. \$trawn 10,506 10,650 ^serforations Depth Casing Shoe 10,616-36, 10,506-34 TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT SEE ORIGIONAL COMPLETION IN-2 TEST DATA AND REQUEST FOR ALLOWABLE IL 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.) ate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) 11-23-90 Pmp. ength of Test Tubing Pressure Casing Pressure Choke Size 24 hr 1100 1300 1" ctual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF 54 250 **JAS WELL** ictual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut in) Choke Size **I. 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 **OIL CONSERVATION DIVISION** is true and complete to the best of knowledge and belief. MAY 2 9 1991 Date Approved Signature Βγ ._ ORIGINAL SIGNED BY Printed Name Geologist Tille MIKE WILLIAMS SUPERVISOR, DISTRICT I Title_

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

Date

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.

505/677-2370

Telephone No

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.