

OIL CONSERVATION DIVISION

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

DEC 4 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator <u>RAY WESTALL</u>		Well API No. <u>30-015-21146</u>
Address <u>P.O. Box 4, Loco Hills NM. 88255</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Other (Please explain) <u>CHANGE WELL NAME FROM CP Com #</u>		
If change of operator give name and address of previous operator <u>OXY USA INC.</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MYRTLE MYRA</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Magruder - Bone Springs</u>	Kind of Lease State, Federal or Fee	Lease No. <u>L-1648</u>
Location Unit Letter <u>J</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>9</u> Township <u>21 S</u> Range <u>27 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>NAVARO</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. FREEMAN, ARTESIA NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Phillips 66 Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PENbrook, Odessa TX 79762</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>9</u>
	Twp. <u>21 S</u>	Rge. <u>27 E</u>
	Is gas actually connected? <u>Yes</u> When? <u>8-25-87</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<u>Part I P-3</u>			
					<u>12-8-89</u>			
					<u>chgs op name</u>			
					<u>&amp; well name</u>			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbs. 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 RANDALL L. HARRIS GEOLGIST  
Printed Name  
Date 12/4/89 627-2370  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 13 1989

By ORIGINAL SIGNED BY  
MIKE W. LARSEN  
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 IV for changes of operator, well name or number, transporter, or other such changes