

OIL CONSERVATION DIVISION

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

RECEIVED  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

FEB 23 '90

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>RAY WESTALL</b>	Well API No. <b>30-015-21146</b>
Address <b>P.O. Box 4, Loco H. 16 NM 88255</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>MARLE MYRA</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>WILDCAT DELAWARE</b>	Kind of Lease State, Federal or Fee	Lease No. <b>L-1648</b>
Location				
Unit Letter <b>J</b>	<b>1830</b>	Feet From The <b>South</b>	Line and <b>19801</b>	Feet From The <b>EAST</b>
Section <b>9</b>	Township <b>21 S</b>	Range <b>27 E</b>	NMPM, <b>Eddy</b> 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) <b>N. FREEMAN, ARTESIA NM 88210</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa TX 79762</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>9</b>	Twp. <b>21 S</b>	Rge. <b>27 E</b>
Is gas actually connected?		When?		
<b>Yes</b>		<b>2-18-90</b>		

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>5-29-74</b>	Date Compl. Ready to Prod. <b>2-9-90</b>	Total Depth <b>11,750</b>	P.B.T.D. <b>5006</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3227.6R</b>	Name of Producing Formation <b>Delaware</b>	Top Oil Gas Pay <b>3506</b>	Tubing Depth <b>5000</b>					
Perforations <b>4986-5006, 4372-75, 4108-14, 3506-3600 3763-3988</b>	Depth Casing Shoe <b>11703</b>							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>17 1/2</b>	CASING & TUBING SIZE <b>13 3/8</b>	DEPTH SET <b>585</b>	SACKS CEMENT <b>630 Post ID-2</b>					
<b>12 1/4 95/8</b>	<b>9 5/8</b>	<b>2980</b>	<b>1575 3-9-90</b>					
<b>8 3/4</b>	<b>7"</b>	<b>10155</b>	<b>700 SXS comp.</b>					
<b>7" 27/8</b>	<b>27/8</b>	<b>5200</b>	<b>None Del.</b>					

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 <b>2-10-90</b>	Date of Test <b>2-19-90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hr</b>	Tubing Pressure <b>-0-</b>	Casing Pressure <b>-0-</b>	Choke Size <b>1"</b>
Actual Prod. During Test <b>358</b>	Oil - Bbls. <b>58</b>	Water - Bbls. <b>300</b>	Gas - MCF <b>120.</b>

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 **P. L. Harris** Geologist  
Printed Name  
Date **2/25/90** Telephone No. **505-677-2370**

OIL CONSERVATION DIVISION

Date Approved **FEB 28 1990**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
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.