

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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
at Bottom of Page

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

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

SEP 20 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall	Well API No. 30-015-21650
Address Box 4, Loco Hills NM 88255	
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 Myrtle Myra	Well No. 8	Pool Name, Including Formation LaHuerta Delaware	Kind of Lease State, Federal or Rec. XXXXXXXX	Lease No. LG-5699-
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 16 Township 21 South Range 27 East, 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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. Midland Tx. 79705					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa Tx 79701					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9	Tw. 21	Rge. 27	Is gas actually connected? Yes	When? 9/25/93

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Entered 7/21/93	Date Compl. Ready to Prod. 7/29/93		Total Depth 5562		P.B.T.D. 5049			
Elevations (DF, RKB, RT, GR, etc.) 3248 Gr.	Name of Producing Formation Delaware		Top Oil/Gas Pay 4908		Tubing Depth 4800			
Perforations 4908-5049					Depth Casing Shoe 5320			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	412	875
12 1/4	9 5/8	3000	1060
8 3/4	5 1/2	5320	1100

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 8/1/93	Date of Test 9/15/93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure 0	Casing Pressure 20	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 35	Water - Bbls. 50	Gas - MCF 102

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
Printed Name
Randall L. Harris
Date
9/27/93
Title
Geologist
Telephone No.
677-2370

OIL CONSERVATION DIVISION

Date Approved
SEP 29 1993
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.