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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  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL		Well API No. 30 015 23436
Address P.O. BOX 4 LOCO HILLS, NM 88255		
Reason(s) for Filing (Check proper box) 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 checked="" 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 STATE "IR"	Well No. 1	Pool Name, Including Formation WILDCAT/BONE SPRINGS	Kind of Lease State, Federal or Private XXXXXXXXXX	Lease No. V-232
Location Unit Letter E : 1980 Feet From The NORTH Line and 925 Feet From The WEST Line Section 23 Township 21S Range 27E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate AMOCO PIPELINE INTERCORPORATE TRUCKING	Address (Give address to which approved copy of this form is to be sent) 5-2 M/ WEST AVE, LEVELLAND, TX 79336						
Name of Authorized Transporter of Casinghead Gas or Dry Gas GPM GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) 1040 PLAZA OFFICE BLDG, BARTLESVILLE, OK						
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 23	Twp. 21S	Rge. 27E	Is gas actually connected? YES	When? 11/05/93	74004

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
		X		X				X
Date Spudded	Date Compl. Ready to Prod. 05/08/93		Total Depth		P.B.T.D. 9150			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation BONE SPRINGS		Top Oil/Gas Pay 6637		Tubing Depth 6548			
Perforations 6637-6776					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT Per Fd-2 1-2-94 Camp B & S			

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 240	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) BACL [R	Tubing Pressure (Shut-In) 2485	Casing Pressure (Shut-In) 0	Choke Size 18/64

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  
Printed Name JUANEL HARDEN Title PRODUCTION CLERK  
Date 11/22/93 Telephone No. (505) 677-2370

OIL CONSERVATION DIVISION

Date Approved DEC 1 8 1993

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.