

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Ray Westall ✓

Address P.O. Box 4 Loco Hills, NM 88255

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter oil:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baseball Park</u>	Well No. <u>1</u>	Pool Name, including Formation <u>S. Carlsbad Delaware</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>1</u>	: <u>1980</u>	Feet From The <u>South</u> Line and <u>660</u>	Feet From The <u>East</u>	
Line of Section <u>24</u>	Township <u>22S</u>	Range <u>26E</u>	NMPM, <u>Eddy</u>	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)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P.O. Drawer 159 Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TSTM</u>	<u>Post ID-2</u> <u>3-1-85</u> <u>Camp + BK</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>1</u> Sec. <u>24</u> Twp. <u>22</u> Rge. <u>26</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)
Operator
(Title)
2-21-85
(Date)

OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED _____, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 12-15-84	Date Compl. Ready to Prod. 2-16-85		Total Depth 4950'		P.B.T.D. 3500'				
Elevations (DF, RKB, RT, GR, etc.) 3169. GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 3152'		Tubing Depth 3200'				
Perforations 4052-54-56-61-66-68, 4660-62-64-66-88-90 3152 - 3160						Depth Casing Shoe 4950'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
10"	8 5/8"		418'		250 sxs				
7 7/8"	5 1/2"		4950'		800 sxs-circulate 50 s				
	2 3/8"		3200'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 2-16-85	Date of Test 2-17-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 20	Choke Size
Actual Prod. During Test 180	Oil-Bbls. 80	Water-Bbls. 100	Gas-MCF TSTM

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