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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

RECEIVED
AUG 2 1991

D. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall		Well API No. 30-015-25126
Address Box 4, Loco Hills NM 88255		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <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		

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/30/91
UNLESS AN EXCEPTION TO:
RULE 110 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myrtle Myra	Well No. 3	Pool Name, Including Formation La Huerta Delaware	Kind of Lease State, Federal or Foreign XXXXXXXX	Lease No. L-1648
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 9 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"/> Navajo	Address (Give address to which approved copy of this form is to be sent) N. Freeman Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) 2001 Penbrook Odessa Tx.	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9
	Twsp. 21	Rge. 27
	Is gas actually connected? No	When ?

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	Date Compl. Ready to Prod. 5/20/91	Total Depth 5350	P.B.T.D. 4980					
Elevations (DF, RKB, RT, GR, etc.) 3232 Gr.	Name of Producing Formation Delaware	Top Oil/Gas Pay 4972	Tubing Depth 4950					
Perforations 4972, 4976, 4980			Depth Casing Shoe 5350					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	455	650 Post TD-2					
12 1/2	8 5/8	2500	700 8-23-91					
5 1/2	7 7/8	5350	500 comp & BHT					

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 5/25/91	Date of Test 6/15/91	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr	Tubing Pressure 0	Casing Pressure 15	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 30	Gas - MCF 40

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
7/31/91
Title
Geologist
677-2370 Telephone No.

OIL CONSERVATION DIVISION

Date Approved

AUG 16 1991

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.