

Submit 5 Copies  
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

RECEIVED  
SEP 7 '90  
O. C.  
ARTESIA, OFFICE

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
  
CLSE  
W  
GT  
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall ✓	Well API No.
Address P.O. 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 checked="" 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 Canter Federal	Well No. 1	Pool Name, Including Formation Burton Flat Strawn East	Kind of Lease State, Federal or Fee	Lease No. 0556290
Location Unit Letter 0 : 660' Feet From The South Line and 1980' Feet From The East Line Section 10 Township 20 S Range 29 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Delaware Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville Rd. Austin, Tx 78759	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge. 0   10   20S   29E	Is gas actually connected? When? Yes 11/5/90
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 1/7/85	Date Compl. Ready to Prod. Re comp 10/25/90		Total Depth 11,645		P.B.T.D. 10,629			
Elevations (DF, RKB, RT, GR, etc.) 3306 Gr.	Name of Producing Formation Strawn		Top Oil/Gas Pay 10462		Tubing Depth 10,400			
Perforations 10,609-29 10462-10566					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Part IO-2			
					11-23-90			
	2 2/3		10400		PVA BS			
					comp. str.			

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.)

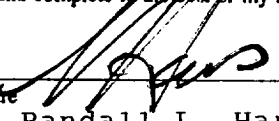
Date First New Oil Run To Tank 10/28/90	Date of Test 11/5/90	Producing Method (Flow, pump, gas lift, etc.) flow	
Length of Test 24 hr	Tubing Pressure 200	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 500	Length of Test 24 hr.	Bbls. Condensate/MMCF 50	Gravity of Condensate 56
Testing Method (pilot, back pr.) back pr	Tubing Pressure (Shut-in) 1,500	Casing Pressure (Shut-in) 0	Choke Size 1"

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   
Randall L. Harris Geologist  
Printed Name Title  
Date 11/6/90 Telephone No. 505-677-2370

OIL CONSERVATION DIVISION

Date Approved NOV 23 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.