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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
P.O. Box 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 Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

MAR 28 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL	Well API No. 300152551100
Address PO 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 checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name TUESDAY "A" FEDERAL	Well No. 1	Pool Name, Including Formation S. PARKWAY WOLFCAMP	Kind of Lease State , Federal or State	Lease No. NM-27801
Location				
Unit Letter E	: 1400	Feet From The NORTH	Line and 990	Feet From The WEST
Section 3	Township 20S	Range 29E	NMPM, EDDY	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO SURFACE TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) PO BOX 2587 HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA TX 79762					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 3	Twp. 20S	Rge. 29E	Is gas actually connected? YES	When? 11-14-89
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 04-28-86	Date Compl. Ready to Prod. 06-26-86		Total Depth 11,700'		P.B.T.D. 9613'			
Elevations (DF, RKB, RT, GR, etc.) 3334' GR	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay 9310'		Tubing Depth 9280'			
Perforations 9010'-9378'					Depth Casing Shoe 9613'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 20"	CASING & TUBING SIZE 16"		DEPTH SET 300'		SACKS CEMENT 455SXS			
15"	9 5/8"		3230'		1635SXS			
8 3/4"	7"		9613'		1360SXS			
	2 7/8"		9280'					

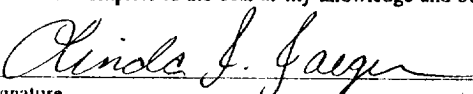
VI. TEST DATA AND REQUEST FOR ALLOWABLE

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 03-24-90	Date of Test 03-27-90	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure 1300	Casing Pressure 0	Choke Size 19/64"
Actual Prod. During Test 360	Oil - Bbls. 360	Water - Bbls. 0	Gas - MCF 1,000

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
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
LINDA J JAEGER
Printed Name
03-28-90
Date
505-677-2370
Telephone No.
PRODUCTION CLERK
Title

OIL CONSERVATION DIVISION

Date Approved MAR 30 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) SPECIAL FORM C-104 FOR CHANGES OF OPERATOR, WELL NAME OR NUMBER, TRANSPORTER, OR OTHER SUCH CHANGES.