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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  
600 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

DEC 12 '89

Q. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall		Well API No. 30-015-26179
Address PO Box 4 Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <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		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Myrtle Myra	Well No. 1	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Free	Lease No. V-1981
Location Unit Letter C : 990 Feet From The North Line and 2310 Feet From The West Line Section 16 Township 21S Range 27E, 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"/> Navajo	Address (Give address to which approved copy of this form is to be sent) PO Box 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 NG Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Ok 74004					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9	Twp. 21S	Rge. 27E	Is gas actually connected? No	When? 12-20-89
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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-24-89	Date Compl. Ready to Prod. 11-16-89	Total Depth 5116	P.B.T.D. 5107					
Elevations (DF, RKB, RT, GR, etc.) 3240GR 3250 KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 4973	Tubing Depth 4925					
Perforations 4973-5002			Depth Casing Shoe 5107					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4	13 3/8	533	525 Circulated
12 1/4	8 5/8	2553	1000 Circulated
7 7/8	5 1/2	5107	715 sxs
5 1/2	2 7/8	4925	

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 11-13-89	Date of Test 11-16-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24hr	Tubing Pressure 10#	Casing Pressure -0-	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 54	Water - Bbls. 268	Gas - MCF 200

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 Linda J. Jaeger  
Linda J. Jaeger Production Clerk  
Printed Name 12-12-89 Title (505) 677-2370  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 1989

By ORIGINAL SIGNED BY  
MIME WILLIAMS  
SUPERVISOR, DISTRICT II  
Title

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.