OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

January thru June 1990

NO. 2154 N/2

	SUPPLEMENT TO THE OIL PRORATION SCHEDULE							
ATE	June 29, 1990							
PURPOSI	ALLOWARIE AS	SICMENT - NW OIL						
1								
:	Effective June 1, 1990 an allowate	le for a non-marginal (N187) well is						
	hereby assigned to Ray Westall,	eridian Federal #1-D-3-20-29 in the						
	Parkway Bone Spring Pool.							
	A. Carrier and Car							
	L-F							
	MP - F							
	É							
	Mw/mm							
	Ray Westall							
	COM	OIL CONSERVATION DIVISION						
	WATER TO THE PARTY OF THE PARTY	and the second s						
		DISTRICT SUPERVISOR						

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Enc. J., Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

perator	,				1	30-0	15 - 26229	1		
RAY WESTALL						30-0			·	
address	C NM				V		REC	•		
PO BOX 4 LOCO HILL				Otho	(Please explai	in)				
Reason(s) for Filing (Check proper box) New Well \overline{X}	Change in	Transpo	orter of:	V CIVIC FIE	AD GAS	, MALIST NI	OT RE MI	12.90		
Recompletion	~·-	Dry Ga						W T =		
Change in Operator	Casinghead Gas			LARED A	TER	1/2/90	•	α .		
change of operator give name			U	NULUS A	4 EXCEPT	ON FRO	M	ESIA, OFFIC	É	
nd address of previous operator			T)	15 B. L. 17	. IS OBTA	HINED	. Airc	AESILLY	······································	
I. DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No.	Well No. Pool Name, Including								
MERIDIAN FEDERAL	1	PARI	KWAY BOI	NE SPRING	3S	XMX.	ederal WXXX	NM-59	9381	
Location								خددد		
Unit LetterD	. 660	_ Feet Fr	rom The	ORTH Line	and660	For	et From The	WEST	Line	
	0.0 0.00		00 5400							
Section 3 Towns	hip 20 SOUTH	Range	29 EAS	r , ni	APM,	ED	וע		County	
a protoklaman on ma	NODODEED OF C	NI AN	IIN NIATEII	241 (240						
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil			UNATU		e allress to wh	ich annroved	copy of this f	orm is to he se	nt)	
CONOCO SURFACE TRA	1 X 1	.II sale		1	Address (Give achtess to which approved copy of this form is to be sent) PO BOX 2587 HOBBS, NM 80240					
Name of Authorized Transporter of Cas		or Dev	Gas		e address to wh			orm is to he se	nt)	
PHILLIPS 66	mgiceu Oas A	ghead Gas X or Dry Gas			ENBROOK,					
If well produces oil or liquids,	Unit Sec.	Unit Sec. Twp. Rge.			y connected?	When				
give location of tanks.	D 3	• 1 1 1 1 1 1 1			•	i				
If this production is commingled with th				NO ing order num	pet:					
IV. COMPLETION DATA	-									
	Oil We	11	Gas Well	•	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		J		X	<u> </u>	1	J,	<u> </u>	. <u>L</u>	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.			
10-31-89	06-02-90			9500'			8070'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil Gas Pay			Tubing Depth		
3336GR 3349KB BONE SPRINGS				7930			7850 Depth Casing Shoe			
Perforations 7020 9070							Depui Casii	ig 3ii0€	,	
7930-8070	mini.	7 (740)	INIC AND	CELUATE	NC PECOP	D				
UOLE SIZE				CEMENTI	NG RECOR			SACKS CEM	FNT	
HOLE SIZE	16"	CASING & TUBING SIZE			DEPTH SET					
. 14"	11 3/4				1454			280 CIRCULATED 720 CIRCULATED		
11"	8 5/8"	8 5/8"			3213			1500 TOP 1350		
7 7/8"	5 1/2"				8275			728		
V. TEST DATA AND REQU		VÄBLE	Ξ .							
	er recovery of total volum			i be equal to o	exceed top all	lowable for th	is depth or be	for full 24 hor	ws.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, p			Pa	J ID-2	
06-04-90	06-08-90	06-08-90			FLOW			7-6-90		
Length of Test	Tubing Pressure	T.,			Casing Pressure			Choke Size comp & Bh		
24HR	200#				1000#			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls. 250			Gas- MCF 500 (est)		
625	375			1 230			300 (CD L/		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Si	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF COM	1PLIA	NCE			NOED	/ATION		ON!	
I hereby certify that the rules and re	egulations of the Oil Con-	servation	<u>l</u>	11	OIL CO	NOFHA	AHUN	ופועוטו	ON	
Division have been complied with and that the information given above							HIM 1	0 1000		
is true and complete to the best of	my knowledge and belief	•		Dat	e Approv	ed	ע אטע 1	9 1990		
0 - 10 l	•				Is is a second					
runda y	algo			Rv		ORIGIN	IAL SIGNI	ED BY		
Signature C LINDA J. JAEGER	PRODUCTION C	T.FRK		ll Dà		MIKE V	VILLIAMS	····		
Printed Name	L KODUCITON C	Title			_	CHDCD		ISTRICT I		
06-11-90	505-677-23		•	Intl	9					
06-11-90 Date		relephone	e No.			*				

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.