

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL		Well API No. 30-015-26229
Address PO BOX 4 LOCO HILLS, NM		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: CASINGHEAD GAS MUST NOT BE JUN 12 '90 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 9/2/90 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> UNLESS AN EXCEPTION FROM ARTESIA, OFFICE		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MERIDIAN FEDERAL	Well No. 1	Pool Name, Including Formation PARKWAY BONE SPRINGS	Kind of Lease State , Federal LEASE	Lease No. NM-59381
Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 3 Township 20 SOUTH Range 29 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"/> CONOCO SURFACE TRANSPORT	Address (Give address to which approved copy of this form is to be sent) PO BOX 2587 HOBBS, NM 80240
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 D Sec. 3 Twp. 20S Rge. 29E	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-31-89	Date Compl. Ready to Prod. 06-02-90		Total Depth 9500'		P.B.T.D. 8070'			
Elevations (DF, RKB, RT, GR, etc.) 3336GR 3349KB	Name of Producing Formation BONE SPRINGS		Top Oil Gas Pay 7930		Tubing Depth 7850			
Perforations 7930-8070					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		265		280 CIRCULATED			
14"	11 3/4"		1454		720 CIRCULATED			
11"	8 5/8"		3213		1500 TOP 1350			
7 7/8"	5 1/2"		8275		728			

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 06-04-90	Date of Test 06-08-90	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24HR	Tubing Pressure 200#	Casing Pressure 1000#	Choke Size 1 1/2"
Actual Prod. During Test 625	Oil - Bbls. 375	Water - Bbls. 250	Gas - MCF 500 (est)

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.

Linda J. Jaeger
Signature
LINDA J. JAEGER PRODUCTION CLERK
Printed Name Title
06-11-90 505-677-2370
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 19 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.