

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL /		Well API No. 30-015-27073
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 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MYRTLE MYRA	Well No. 6	Pool Name, Including Formation LA HUERTA DELAWARE	Kind of Lease State, Federal or Free	Lease No. L 1648
Location Unit Letter P : 990 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 9 Township 21S Range 27E, 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	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DR MIDLAND, TX 79705					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS	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 J	Sec. 9	Twp. 21	Rge. 27	Is gas actually connected? YES	When? 12/27/92

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 11/26/92	Date Compl. Ready to Prod. 12/18/92		Total Depth 5160'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3247 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay		Tubing Depth 4950'			
Perforations 5005-5104					Depth Casing Shoe 5160'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	430'	550 Post ID-2
12 1/4"	8 5/8"	2440'	1335 3-5-93
7 7/8"	5 1/2"	5199'	675 comp & BR

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 12/20/92	Date of Test 12/27/92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 30#	Casing Pressure 50#	Choke Size OPEN
Actual Prod. During Test	Oil - Bbls. 60	Water - Bbls. 100	Gas- MCF 250

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 Juanel Harden  
Printed Name JUANEL HARDEN Title PRODUCTION CLERK  
Date 02/16/93 Telephone No. 677-2370

OIL CONSERVATION DIVISION

FEB 26 1993

Date Approved \_\_\_\_\_

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.