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Appropriate District Office
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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. 30-015-27685
Address P. O. BOX 4 LOCO HILLS, NM 88255		
Reason(s) for Filing (Check proper box) 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"/> Other (Please explain) <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. 9	Pool Name, Including Formation LA HUERTA DELAWARE	Kind of Lease State, Federal, etc. XXXXXX	Lease No. LG 5669
Location Unit Letter A : 330 Feet From The NORTH Line and 990 Feet From The EAST Line Section 16 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 TRANSPORTATION INC	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DRIVE MIDLAND, TX 79705	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA TX 79701	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9
	Twp. 21	Rge. 72
	Is gas actually connected? YES	When? 12/28/93

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>	Date Spudded 11/24/93	Date Compl. Ready to Prod. 1-15-94	Total Depth 5245	P.B.T.D. 5220
Elevations (DF, RKB, RT, GR, etc.) 3259	Name of Producing Formation LA HUERTA DELAWARE	Top Oil/Gas Pay 4892	Tubing Depth 5245 5100	Depth Casing Shoe 5220
Perforations 4892 - 5104	TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 17 1/2 12 1/4 7 7/8	CASING & TUBING SIZE 13 3/8 8 5/8 5 1/2	DEPTH SET 380' 2490 5220	SACKS CEMENT 450 1250 600	

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 12/28/93	Date of Test 01/15/94	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 0	Casing Pressure 20#	Choke Size 1"
Actual Prod. During Test 145	Oil - Bbls. 25	Water - Bbls. 120	Gas - MCF 50

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
02/04/94
Date
(505) 677-2370
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 11 1994

By 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.