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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
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

RECEIVED

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

MAR 03 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall		ARTESIA OFFICE Well API No.
Address P.O. Box 4, Loco Hills, N.M. 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator J.M Huber Corporation, 7120 I-40 West, Suite 232, Amarillo Tx. 79106		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore Com.	Well No. 1	Pool Name, Including Formation S. Carlsbad Morrow	Kind of Lease ST. State, Federal or Fee	Lease No. K-3328
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 35 Township 23S Range 26E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave. Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 23S	Rge. 26E	Is gas actually connected? Yes	When? 4-16-75

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 5-1-73	Date Compl. Ready to Prod.		Total Depth 11,922		P.B.T.D. 11,870			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Morrow Sand		Top Oil/Gas Pay 11,515		Tubing Depth 11,482.27			
Perforations 11,605-608', 11,542-549'	11,610-618', 11,571-574'		11,515-518', 11,581-587'		Depth Casing Shoe 11,892			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		603'		700			
12 1/4"	9 5/8"		5397.41'		1800			
8 3/4"	4 1/2"		11,892.33'		525			
	2 7/8"		11,482.27'		0			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Ray Westall
Printed Name Ray Westall Title Operator
Date 3-1-89 Telephone No. 505-677-3370

OIL CONSERVATION DIVISION

Date Approved MAR 13 1989
By Original Signed By Mike Williams
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.