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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 03'89

DISTRICT III	•	Santa Fe,	New Me	exico 8/30	4-2088				
000 Rio Brazos Rd., Aztec, NM 8741	O REQUEST	FOR AL	LOWAB	LE AND	AUTHORI	ZATION	O. C. D. ARTESIA, OFFIC	ZE	
•	TOT	RANSPO	ORT OIL	AND NA	TURAL GA			·	
Operator Ray Westall						Well A	.PI No.		
P.O. Box 4, I	Loco Hills N.	м. 88	3255						
eason(s) for Filing (Check proper box			-	Oth	er (Please expl	ain)			
ew Well		e in Transpo	nter of:						
ecompletion	Oil	Dry Gas	s L						
hange in Operator	Casinghead Gas	Conden	sate 🗌						
change of operator give name	J.M. Huber Co	orporat	ion, 7	120 I-40	West, S	Suite 23	2, Amarillo	o, Tx 79106	
d address of previous operator	L AND LEASE	#. ·					_		
ease Name	744 44 21 77 4 24			ng Formation		Kin. C	King of Lease Fee Lease No. State, Federal or Fee		
Parr	1 Yarrow D			elaware 3			receisi or rec		
ocation	000		•		000				
Unit Letter P	:990	Feet Fro	om The So	outh Lin	and <u>990</u>) Fe	et From TheE	astLine	
Section 15 Town	ıship 23S	Range	26E	, NI	MPM, Ed	ldv		County	
II. DESIGNATION OF TRA		OIL AN		RAL GAS Address (Giv	e address to w	hich approved	copy of this form is	to be sent)	
None lame of Authorized Transporter of Ca	Gas 🗍	Address (Give address to which approved copy of this form is to be sent)							
Transwestern P							ll New Mex		
f well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actuall	y connected?	When			
ve location of tanks.			<u></u>	Yes			<u>5-15-79</u>		
this production is commingled with the COMPLETION DATA	hat from any other lease	or pool, giv	e commingl	ing order num	ber:				
Designate Type of Completic	on - (X)	Vell C	Gas Well X	New Well	Workover	Deepen	Piug Back Sam	e Res'v Diff Res'v	
Pate Spudded	Date Compl. Read	y to Prod.		Total Depth	<u> </u>	<u></u>	P.B.T.D.		
7-19-77 8-9-77				3011 ' Top Oil/Gas Pay			2967'		
levations (DF, RKB, RT, GR, etc.)	Name of Producin	Name of Producing Formation			-		Tubing Depth		
3293.0' GL Delaware				2566			2343 Depth Casing Shoe		
2566-2592'							3011'		
2300 2332	TUBIN	G. CASII	NG AND	CEMENTI	NG RECOR	D D			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 1/4"	8 5	8 5/8"			611.		350 Pot ID-3		
7 7/8"	5 1/2"			3010'			1075	3-10-89	
							<u> </u>	che of	
				L			<u> </u>		
. TEST DATA AND REQU	JEST FOR ALLO	WABLE						7/ 24 hazar 1	
	er recovery of total volu	ime of load o	oil and must	be equal to or	exceed top all	owable for the	s depin or be for fu	ii 24 nours.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Fiow, p	ատար, ջատ ւցւ, գ	ac.,		
ength of Test	Tubing Pressure	Tubing Pressure			ure		Choke Size		
		Oil - Bbis.					Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				•				
GAS WELL				J					
Actual Prod. Test - MOF/D					Bbls. Condensate/MMCF			Gravity of Condensate	
	_								
esting Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)			ure (Shut-in)		Choke Size		
VI. OPERATOR CERTIF	TCATE OF CO	MPI IAN	JCF	1					
			.02			NSERV	ATION DI	VISION	
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.				Date Approved					
					- · ·		•••		
Nay Westall		By Original Signed By							
Signature / / / S to	11 /2	and.		- עכ		N	like William	E	
Printed Name	· · · · · · · · · · · · · · · · · · ·	Title		Title	ı				
3-1-89	5056	<u> 27-25</u>	10	'""					
Date		Telephone N	W O.	11					

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.