

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
ARTESIA OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ray Westall
Address P.O. Box 4 Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box)
☒ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-9-85 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Belco</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Showing Debris South Culebra Bluff BS</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>West</u> Line and <u>2200</u> Feet From The <u>North</u> Line of Section <u>20</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> <u>Havajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Checking Gas Lines in Area</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>20</u>
	Twp. <u>23S</u>	Rge. <u>28E</u>
Is gas actually connected?		When
<u>No</u>		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)
Operator
(Title)
4-1-85
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 9 1985
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		(X)		(X)					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
1-11-85	2-18-85		6521'			6500'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3060 GR	Delaware		5726'			5040'			
Perforations						Depth Casing Shoe			
5726-40, 5803-09 1 shot per foot						5803 6500			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	473'	280 SXS
7"	5 1/2"	6500'	575 SXS
	2 3/8"	5840'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Pump	
2-18-85	2-29-85		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0	30	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
360	100	200	350

GOR 3500:1

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