	RECEIVED BY
STATE OF NEW MEXICO	AUG 19 1985
ENERGY AND MINERALS DEPARTMENT	O C D Form (104
P0. 07 10PHE SILLIYED	U. U. Revise 10-01-78
DISTRIBUTION OIL CONSERV	ATION DIVISION ARTESIA, OFFICE Forma 06-01-83
P.O.B	DX 2088
LAND OFFICE	W MEXICO 87501
TRANSPONTER OIL	
	NR ALLOWABLE
PROPATION OFFICE	PORT OIL AND NATURAL GAS
I. Operator	
Ray Westall	
Address	
	38255
Reason(s) for filing (Check proper box)	Other (Please explain)
X         New Well         Change in Transporter of:           Recompletion         Oil         I	CASINGHEAD GAS MUST NOT BE
	Condensate FLARED AFTER 11-17-85
	UNLESS AN EXCEPTION TO:
If change of ownership give name and address of previous owner	PHIE 206 IS OBTAINED
	Ex # 2751 until E/1/86
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including	ormation Kind of Lease Lease No.
Buckaroo 1 S. <del>Culebra M</del>	iff Delaware State, Federal or Fee Fee
Location	-
Unit Letter 0 : 1710 Feet From The East Li	ne and <u>580</u> Feet From The South
Township 235 Bange	28E NMPM Eddy County
Line of Section 28 Township 235 Range	28E , NMPM, Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS Address (Give address to which approved copy of this form is to be sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil X or Condensate Navajo Crude Oil Purchasing Co.	LGAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil X or Condensate Navajo Crude Oil Purchasing Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas	LGAS Address (Give address to which approved copy of this form is to be sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil Condensate Navajo Crude Oil Purchasing Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas No Contract	LGAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Oil in or Condensate         Name of Authorized Transporter of Oil in or Condensate         Name of Authorized Transporter of Oil in or Condensate         Name of Authorized Transporter of Casinghead Gas         In or Dry Gas         Name of Authorized Transporter of Casinghead Gas         In or Dry Gas         Name of Authorized Transporter of Casinghead Gas         In or Dry Gas         Name of Authorized Transporter of Casinghead Gas         If well produces off or liquids,         If well produces off or liquids,         If well produces off or liquids,         If this production is commingled with thet from any other lease or pool,         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	LGAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 38210 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) No Give commingling order number: Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Oil in or Condensate         Name of Authorized Transporter of Oil in or Condensate         Name of Authorized Transporter of Casinghead Gas         or Dry Gas         Name of Authorized Transporter of Casinghead Gas         or Dry Gas         Name of Authorized Transporter of Casinghead Gas         or Dry Gas         Name of Authorized Transporter of Casinghead Gas         or Dry Gas         Name of Authorized Transporter of Casinghead Gas         or Dry Gas         Not Contract         If well produces oil or liquide,         of 28       235         28E         If this production is commingled with thet from any other lease or pool,         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	L GAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Post ID-2 Is gas actually connected? NO Is gas actually connected? NO OIL CONSERVATION DIVISION APPROVED SEP 17 1985 DY Originel Signed By Les A. Clements
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Oil good or Condensate         Name of Authorized Transporter of Oil good         Name of Authorized Transporter of Casinghead Gas         Ido Contract         It well produces oil or liquide, give location of tanks.         If this production is commingled with thet from any other lease or pool,         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.	L GAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 38210 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form be filed in completely for allow- tests teken on the well in accordance with RULE 1104. All sections of this form must be filled out completely for allow-
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of OIL         Name of Authorized Transporter of OIL         Name of Authorized Transporter of OIL         Name of Authorized Transporter of Castnghead Gas         or Dry Gas         It well produces off or liquide,         Unit       Sec.         It well produces off or liquide,         O       28         235       28E         If this production of tanks.         O       28         If this production is commingled with that from any other lease or pool.         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.         May       May         May       Signature) Ope rator (Title)	L GAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 38210 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Past TD-2 Is gas actually connected? When 8-30-65 NO Comp + BK give commingling order number: OIL CONSERVATION DIVISION APPROVED SEP 17 1985 PY Original Signed By Les A. Clements TITLE Supervisor District H 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 allow- able on new and recompleted wells.
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Oil purchasing Co.         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         No Contract         It well produces oil or liquide.       Unit         Sec.       Twp.         Rge.         give location of tanks.       0         28       235         14 this production is commingled with thet from any other lease or pool.         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.         May Mustal         Augustal	L GAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 38210 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form be filed in completely for allow- tests teken on the well in accordance with RULE 1104. All sections of this form must be filled out completely for allow-
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of OIL Construction of Condensate         Name of Authorized Transporter of OIL Construction       or Condensate         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Nome of Authorized Transporter of Casinghead Gas       or Dry Gas         Nome of Authorized Transporter of Casinghead Gas       or Dry Gas         Note:       Contract       Unit       Sec.       Twp.       Rge.         If this production is commingled with thet from any other lease or pool.       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.         May Mutual       (Signature)       Operator       Operator       0         NOTE:       Contract       Signature)       0       0       0       0       0       0       0       0       0       0       0       0       0       0	L GAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 38210 Address (Give address to which approved copy of this form is to be sent) Rest TD-2 Is gas actually connected? When 8-30-85 NO OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION APPROVED SEP 17 1985 USA Driginal Signed By Les A. Clements TITLE Supervisor District H This form use to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 filled for each pool in multiply
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of OIL Construction of Condensate         Name of Authorized Transporter of OIL Construction       or Condensate         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Nome of Authorized Transporter of Casinghead Gas       or Dry Gas         Nome of Authorized Transporter of Casinghead Gas       or Dry Gas         Note:       Contract       Unit       Sec.       Twp.       Rge.         If this production is commingled with thet from any other lease or pool.       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.         May Mutual       (Signature)       Operator       Operator       0         NOTE:       Contract       Signature)       0       0       0       0       0       0       0       0       0       0       0       0       0       0	L GAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 38210 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form 15 to be sent)  Address (Give address to which approved copy of this form p to the filed and complete to the filed in compliance with AULE 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 AULE 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.

## IV. COMPLETION DATA

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	Ofl Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
on = (X)	(X)		(X)			4	1	•
Date Comp	I. Ready to Pi	rod.	Total Depti	h .	····	P.B.T.D.		
8-9-85			8000'			60451		
rations (DF, RKS, RT, GR, etc., Name of Producing Formation Top Oil,		Top Oll/Go	'op Oil/Gas Pay		Tubing Depth			
GR Delaware			5726'			6060! 5776		
						Depth Casi	ng Shoe	
20 hole	S						80001	
	TUBING, C	CASING, AN	D CEMENTI	NG RECOR	D			
CAS	NG & TUBIN	NG SIZE	DEPTH SET			SACKS CEMENT		
	13 3/4"		405'			500		
$\frac{172''}{95/8''} = \frac{133/4''}{85/8''} = \frac{405'}{2332'}$				1100				
	511			8000'		2	025	
			1	5760				
	Name of P	on - (X) (X) Date Compl. Ready to Pi S-9-85 Name of Producing Form Delaware 120 holes TUBING, 6 CASING & TUBIN 13 3/411 8 5/811	on - (X) (X) Date Compl. Ready to Prod. 8-9-85 Name of Producing Formation Delaware 120 holes TUBING, CASING, AN CASING & TUBING SIZE 13 3/4" 8 5/5" 5½"	on - (X) (X) (X) Date Compl. Ready to Prod. 5-9-85 Name of Producing Formation Delaware 120 holes TUBING, CASING, AND CEMENTI CASING & TUBING SIZE 13 3/411 8 5/511 5½11	on $-(X)$ (X) Date Compl. Ready to Prod. $\delta$ -9-85 Name of Producing Formation Delaware TUBING, CASING, AND CEMENTING RECOR CASING & TUBING SIZE 13 3/4 <sup>11</sup> $\delta$ -9-85 $\delta$ 000 <sup>1</sup> Top Oll/Gas Pay 5726 <sup>1</sup> Delaware $5726^1$ Depth se Depth se $13 3/4^{11}$ $405^1$ $2332^1$ $5\frac{1}{2}^{11}$ $\delta$ 000 <sup>1</sup>	on $-(X)$ (X) (X) Date Compl. Ready to Prod. $\delta - 9 - 85$ Name of Producing Formation Delaware TOP OLL/Gas Pay Delaware TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET 13 3/4 <sup>11</sup> 405 <sup>1</sup> 8 5/5 <sup>11</sup> 2332 <sup>1</sup> 5 <sup>1</sup> / <sub>2</sub> <sup>11</sup> 8000 <sup>1</sup>	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	Producing Method (Flow, pump, gas lift, etc.)		
8-10-85	8-10-85	Flow			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs	200#	1800	18/64		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas + MCF		
325	75	250	150		

## GAS WELL

_	Actual Prod. Test-MCF/D Length of Test		Bbis. Condensate/MMCF	Gravity of Condensate	
-	esting Method (pitot, back pr.)	Tubing Pressure ( shut-is )	Casing Pressure (Shut-in)	Choke Size	
			·	<u> </u>	