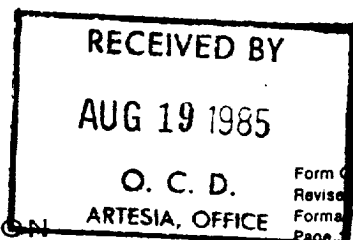


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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PROMOTION OFFICE	

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



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 ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-17-85  
UNLESS AN EXCEPTION TO:  
RULE 306 IS OBTAINED  
Ex d 2-751 until 8/1/86

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Buckaroo</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>S. Gulebra Buff Delaware</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>0</u> : <u>1710</u> Feet From The <u>East</u> Line and <u>580</u> Feet From The <u>South</u>				
Line of Section <u>28</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>Navajo 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>No Contract</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-2</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>28</u>	Twp. <u>23S</u>	Rge. <u>28E</u>
Is gas actually connected?			When	
<u>No</u>			<u>8-30-85</u> <u>Comp + BK</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)  
8-16-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 17 1985, 19  
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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-15-85	Date Compl. Ready to Prod. 8-9-85		Total Depth 8000'		P.B.T.D. 6045'				
Elevations (DF, RKB, RT, GR, etc.) 3059. GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5726'		Tubing Depth <del>6060'</del> 5720'				
Perforations 5726-6045 w/120 holes						Depth Casing Shoe 8000'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/4"		405'		500				
9 5/8"	8 5/8"		2332'		1100				
7 7/8"	5 1/2"		8000'		2025				
	2 3/8"		5726'						

#### 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)

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

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size