

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-30-86 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>Buckaroo</u>	Well No. <u>1</u>	Pool Name, including Formation <u>S. Loving 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>8-1-86</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? <u>No</u>		When <u>Comp. 85</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)

7-3-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 30 1986, 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	Gas Well	New Well	Workover (X)	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-15-85	Date Compl. Ready to Prod. 8-9-85 2-20-86		Total Depth 8000'		P.B.T.D. 6045'				
Elevations (DF, RKB, RT, GR, etc.) 3059 GR	Name of Producing Formation Bones Springs		Top Oil/Gas Pay 6172'		Tubing Depth 6375'				
Perforations 6172-96, 6204-08, 6250-74, 6346-69						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"		5700' 6375'						

#### 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 3-20-86	Date of Test 4-6-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 45#	Casing Pressure 650#	Choke Size 1"
Actual Prod. During Test 325	Oil - Bbls. 23	Water - Bbls. 302	Gas - MCF 105

#### 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