

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

RECEIVED

APR 10 1992

O. C. D.  
OFFICE OF THE COMMISSIONER

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall ✓		Well API No. 30-015-25590
Address P.O. Box 4, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> If change of operator give name and address of previous operator		<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/27/92 UNLESS APPROVED BY O.C.D. IS OBTAINED

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe Federal	Well No. 1	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee XXX	Lease No. NM 67980
Location Unit Letter G : 2080 Feet From The North Line and 2080 Feet From The East Line Section 35 Township 22 South Range 28 East, NMPM, Eddy 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"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. E. Suite 550 Midland Tx.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 G	Sec. 35	Twp. 22S	Rge. 28E	Is gas actually connected? No	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

### 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 re-entered 3/24/92	Date Compl. Ready to Prod. 4/7/92		Total Depth 6350		P.B.T.D. 6211			
Elevations (DF, RKB, RT, GR, etc.) 3199 Gr.	Name of Producing Formation Delaware		Top Oil/Gas Pay 6139		Tubing Depth 6028			
Perforations 18 .45 Cal 6139-6211					Depth Casing Shoe 6349			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE see original	CASING & TUBING SIZE completion report		DEPTH SET 6349		SACKS CEMENT 1,815 circulated			
7 7/8"		5 1/2" 15.5#		Post ID-2 5-1-92 comp Del.				

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 4/7/92	Date of Test 4/8/92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 400	Casing Pressure 0	Choke Size 1/4
Actual Prod. During Test 623	Oil - Bbls. 145	Water - Bbls. 478	Gas- MCF 45

### 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

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

Signature  
Randall L. Harris Geologist  
Printed Name  
4/9/92 505 677-2370  
Date  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved APR 23 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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