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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

CLSF
BT
GT
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL	Well API No. 30-015-27118
Address P.O. BOX 4 LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name SANTA FE FEDERAL	Well No. 7	Pool Name, Including Formation E. HERRERADURA BEND DEL	Kind of Lease State Federal XXXX	Lease No. NM 67980
Location Unit Letter P : 990 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 35 Township 22S Range 28E , 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) P.O. BOX 1267 PONCA CITY, OK 74603					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONTINENTAL NATURAL GAS, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 21470 TULSA, OK 74121					
If well produces oil or liquids, give location of tanks.	Unit G	Soc. 35	Twp. 22	Rge. 28	Is gas actually connected? YES	When? 11/25/92

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 11/03/92	Date Compl. Ready to Prod. 11/21/92		Total Depth 6380'		P.B.T.D. 6350'			
Elevations (DF, RKB, RT, GR, etc.) 3110 GL	Name of Producing Formation SALT		Top Oil/Gas Pay 6099'		Tubing Depth 6000'			
Perforations 6099-6220					Depth Casing Shoe 6380			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8" 24#		DEPTH SET 421'		SACKS CEMENT 300 CIRC			
7 7/8"	5 1/2" 15.5#		6380'		1450 CIRC			
					comp + BK			

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 11/22/92	Date of Test 11/29/92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure 1350#	Casing Pressure 1400#	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 165	Water - Bbls. 25	Gas- MCF 750

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 Juanel Harden
Printed Name JUANEL HARDEN Title PRODUCTION ANALYST
Date 12/22/92 Telephone No. 677-2370

OIL CONSERVATION DIVISION

Date Approved DEC 30 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.