

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

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

Santa Fe, New Mexico 87504-2088

FEB 12 '90

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

90 FEB 26

REQUEST

FOR ALLOWABLE AND AUTHORIZATION, C. D.
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL		Well API No. 30-015-26159	
Address PO BOX 4 LOCO HILLS, NM 88255			
Reason(s) for Filing (Check proper box) 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			

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4/13/90
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name PHILLIPS FEDERAL	Well No. 1	Pool Name, Including Formation SHUGART/7R-QN-GB	Kind of Lease Federal or Lease	Lease No. NM 28790
Location Unit Letter G : 1650 Feet From The NORTH Line and 660 1650 Feet From The EAST Line Section 33 Township 18S Range 31E, 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"/> NAVAJO	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN ARTESIA NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OK					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 18S	Rge. 21E	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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09-27-89	Date Compl. Ready to Prod. 11-23-89		Total Depth 3930		P.B.T.D. 3857			
Elevations (DF, RKB, RT, GR, etc.) 3605 GL . 3615 KB	Name of Producing Formation 7R/QUEEN		Top Oil/Gas Pay 2668		Tubing Depth 3850			
Perforations 3646-3857, 3412-3563, 2668-2731					Depth Casing Shoe 3930			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 725		SACKS CEMENT 400CIR			
7 7/8	5 1/2		3930		825 CIR			
5 1/2	2 7/8		3850					

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 01-10-90	Date of Test 01-25-90	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test 153	Oil - Bbls. 8	Water - Bbls. 145	Gas- MCF 20

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 LINDA J JAEGER PRODUCTION CLERK

Printed Name Title

Date 02/08/90 Telephone No. 505-677-2370

OIL CONSERVATION DIVISION

Date Approved

FEB 14 1990

By

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.