

OIL CONSERVATION DIVISION

RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 13 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	7
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PROMOTION OFFICE	

Ray Westall

Address

P.O. Box 4 Loco Hills, N.M. 88255

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner Sun Exploration & Production Company P.O. Box 1861 Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name V.L. Foster	Well No. 4	Pool Name, including Formation Grayburg Jackson Queen SA FRENCH SEVEN RIVERS	Kind of Lease State, Federal or Free Federal	Lease No. LC 0499
Location				
Unit Letter J	1650	Feet From The FSL	Line and 1650	Feet From The FEL
Line of Section 17	Township 17S	Range 31E	NMPM,	Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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. 17
	Twp. 17	Rge. 31
	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

Ray Westall
(Signature)

Operator

(Title)

8-11-82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 12 1982
BY Leslie J. Clement
TITLE SUPERVISOR, DISTRICT #1

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 deviated 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 multiple completed wells.