STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
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Page 1
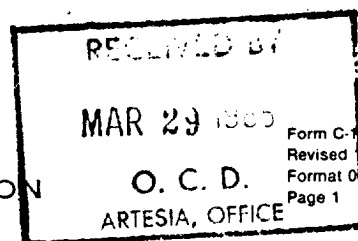
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Ray Westall

Address P.O. Box 4 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

- [ ] New Well
- [X] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dexter	2	Grayburg Jackson	State, Federal or Fee Fed. LC029020G	

Location

Unit Letter __K__ ; __2310__ Feet From The __West__ Line and __2310__ Feet From The __South__

Line of Section __22__ Township __17S__ Range __30E__ , NMPM, __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation Permian CO. 9/1/87	P.O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips Pet. Co.	Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	J	22	17S	30E	Yes	Unknown	(X)

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.

Maxine Hill
(Signature)

Clerk
(Title)

3-28-85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ MAR 29 1985 _____ , 19 ____

BY _____ Original Signed By

Leslie 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 (X)	Gas Well	New Well	Workover (X)	Deepen	Plug Back	Same Res'v.	Diff. Res'v. (X)
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
(Refer to original application)			

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-15-85	3-18-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	28	40	20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size