

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

RECEIVED

DEC 16 '88

O. C. D.

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

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6  
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>RAY WESTALL</u> ✓		Well API No. <u>30-015-20073</u>
Address		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
<u>Gas Connect</u>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>HUDSON FEDERAL</u>	Well No. <u>85</u>	Pool Name, Including Formation <u>GBR-JACKSON BR</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>LC-054908</u>
Location				
Unit Letter <u>E</u>	: <u>2480</u>	Feet From The <u>NORTH</u> Line and <u>1160</u>	Feet From The <u>WEST</u> Line	
Section <u>17</u>	Township <u>17 S</u>	Range <u>31 E</u>	NMPM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>TEXAS-NEW MEXICO Pipeline Co</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs NM 88240</u>				
Name of Authorized Transporter of Casinghead Gas <u>CONOCO INC</u>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 93, ORLA, TX 79770</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>6</u>	Sec. <u>18</u>	Twp. <u>17 S</u>	Rge <u>31 E</u>	Is gas actually connected? <u>YES</u>	When? <u>9-15-88</u>
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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
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			
					<u>Post ID-3</u>			
					<u>12-23-88</u>			
					<u>Add 6T: CON</u>			

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	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/MCF	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 HARRIS  
Printed Name  
12/15/88  
Date  
672-2370  
Title  
Geologist  
Tel phone No.

OIL CONSERVATION DIVISION

Date Approved DEC 19 1988

By  
Original Signed By  
Mike Williams

Title

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 change of operator, well name or number, transporter, or other such changes.