Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

						AUTHORIZ TURAL GA			*		
Operator							Well A	Pl No.			
RAY WESTALL		<del></del>						300	025-2	19200	
	HILLS,	NM 882	55								
Reason(s) for Filing (Check proper box)	TTTTO	INFI OOZ		4	Oth	er (Please expla	ain)				
lew Well		Change in	Transp	orter of:	tand - 4	,	•				
Recompletion	Oil		Dry G	ias 🗌							
Change in Operator	Casinghea	ad Gas 🔲	Conde	ensate [							
change of operator give name address of previous operator	OCO INC	. PO BO	X 46	60 , HOB	BS, NM	88240					
I. DESCRIPTION OF WELL.	AND LE	ASE									
ise Name Well No. Pool Name, Includ				I -			f Lease No.				
MESA QUEEN 7 STATE 😰 📗 1			MES	A QUEEN	ussi	<u>ت ن</u>	State,	State, Reployal New Year		E-7744	
ocation Unit Letter P	. 66	0	East I	Smm The S	OUTH	e and1040	)	et From The	EAST	••	
-	3.55							et From the		Line	
Section / Township	, 16S		Range	, 32E	, N	MPM,	LEA			County	
II. DESIGNATION OF TRAN	SPORTE	ER OF O	L A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden				ve address to wi	hich approved	copy of this for	m is to be se	ent)	
	<u></u>		<u>(* )</u>	لــا «سا							
Name of Authorized Transporter of Casing	ghead Gas		or Dr	Cas X	Address (Gh	Raalress to wi	hich approved	copy of this for	m is to be se	ent)	
PHILLIPS 66 NATURA	AL GAS	COMPANY	<u> </u>	PM Gas	Gasofuli	<b>CHASING</b>	BARTLES	/ILLE, OK	74004	1	
f well produces oil or liquids,	Unit	Sec.	Twp.			ly connected?	When	)			
ive location of tanks.	1	<u> </u>	<u>L</u>	L	YES			09/89			
this production is commingled with that	from any ot	her lease or	pool, g	ive commingl	ing order num	iber:					
V. COMPLETION DATA	<del></del>									<u>.</u>	
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready to	David	<u>×</u>	Total Depth	1	<u> </u>	<u> </u>	<del> </del>	_l	
4-16-85	Date Con	191. Keady II 5-10			1	£ -		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing E	matic	<u> </u>	Top Oil/Gas	<u>つう</u> Pav		70.11			
4372.1 64 1046					l op onous	- <del></del> ,		Tubing Depth 3342			
Perforations	<u>т А</u>	ruien	<u></u>		L			Depth Casing		<del></del>	
3344-3356									, 2	•	
		TUBING.	CAS	ING AND	CEMENTI	NG RECOR	RD	<u>.                                    </u>			
HOLE SIZE		ASING & TU				DEPTH SET		S	ACKS CEM	ENT	
	1				1			<u>-</u>			
- pre 103				······································				<del> </del>	***************************************		
19				*******							
				····			·····	· · · · · · · · · · · · · · · · · · ·	<del></del>		
. TEST DATA AND REQUES				•						<del></del>	
OIL WELL (Test must be after r			of load	d oil and must					or full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of T	est		<del>-</del>	Producing M	lethod (Flow, p	ump, gas lift, e	tc.)			
	<u> </u>		05-	-10-85					<del></del>		
Length of Test	Tubing Pr	ressure			Casing Press	ure		Choke Size			
Actual Brod During Tree	ļ				 			10-1405		<del></del>	
Actual Prod. During Test	Oil - Bbls	i.			Water - Bbli	S.		Gas- MCF			
	<u> </u>				L			<u> </u>	<del></del>		
GAS WELL					**						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
505	24 hr.				Corino Province (China Inv			-0-			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
back pressure		06		· · · · · · · · · · · · · · · · · · ·	-0-	• 		.750			
VI. OPERATOR CERTIFIC	CATE O	F COMI	PLIA	NCE			UOEDY 4	AT:01:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	~~·	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my			en abo	ve				NOV 2	2 7 199	}Q	
is true and complete to the best of my	*nowica8¢	aliu Dellel.			Dat	e Approve	ed		· 100	/ <b>U</b>	
Quita 1 1	1					• •					
Signature Mold y. 4	Ulger	ر			By.			BY JERRY			
Signature LINDA J. JAEGER	PROI	OUCTION	CLE	RK	"			SUPERVISO			
Printed Name			Title		Tista	9				•	
11-16-89	(505		2370		11116	<b>5</b>		25 1867		•	
Date		Tal	enhone	No	11						

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
- 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 walls.

GIVED ...

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