

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL	Well API No. 30-025-26184
Address P.O. BOX 4 LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 7	Well No. 2	Pool Name, including Formation TONTO DELAWARE	Kind of Lease State, Federal <del>XXXX</del>	Lease No. NM 63026
Location Unit Letter <sup>Lot 2</sup> E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line Section 7 Township 19S Range 33E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO INC, TRANSP. 2809/47	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DRIVE MIDLAND TX 79705	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC 2809/45	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2157, HOUSTON, TX 77252	
If well produces oil or liquids, give location of tanks.	Unit 7	Sec. 19S
	Twp. 33E	Rge. 7
	Is gas actually connected? YES	When? 08/93

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 01/05/94	Date Compl. Ready to Prod. 01/06/94		Total Depth		P.B.T.D. 8715			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 7426		Tubing Depth 7400			
Perforations 7426-7521					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
SEE ORIGINAL								

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 01/10/94	Date of Test 01/15/94	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 20	Casing Pressure 100	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 20	Gas - MCF 100

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.

Juanel Harden  
Signature  
JUANEL HARDEN PRODUCTION CLERK  
Printed Name  
02/28/94 (505) 677-2370  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 15 1994

By  
ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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.