

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. 30-025-32276
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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. 4/1/94

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 7	Well No. 5	Pool Name, Including Formation TONTO DELAWARE West	Kind of Lease State, Federal or Fee	Lease No. NM 63026
Location				
Unit Letter L	: 1980'	Feet From The SOUTH	Line and 660	Feet From The WEST
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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO TRANSPORTATION INC	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO, INC.	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 L	Sec. 7
	Twp. 19	Rge. 33
	In gas actually connected? YES	When? 12/18/94

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 11/04/93	Date Compl. Ready to Prod. 12/18/93		Total Depth 7680'		P.D.T.D. 7678'			
Elevations (DF, RKB, RT, GR, etc.) 3646 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 7269'		Tubing Depth 7350'			
Perforations 7269-7548 W/ 16.45 CAL					Depth Casing Shoe 7678			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13/38		454		CIRC 250 SX			
12 1/4"	8 5/8		3133		CIRC 1200 SX			
7 7/8"	5 1/2		7678'		CIRC 1150 SX			

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 12/18/93	Date of Test 01/15/94	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 0	Casing Pressure 20#	Choke Size 1"
Actual Prod. During Test 65	Oil - Bbls. 15	Water - Bbls. 50	Gas - MCF 20

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
02/03/94 505 677-2370
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 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.