

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Bravo Rd, Aztec, NM 87410  
Aztec, NM, 87410  
District IV  
PO box 2088. Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NM 87504-2088

Form C-104  
Revised February 10,, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies  
AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

OPERATOR NAME AND ADDRESS <b>RAY WESTALL P.O. BOX 4 LOCO HILLS, NM 88255</b>		OGRID NUMBER <b>018862</b>
		REASON FOR FILING CODE <b>CO EFFECTIVE 09/01/96</b>
API NUMBER <b>30-025-27051</b>	POOL NAME <b>ANTELOPE RIDGE ATOKA WEST (GAS)</b>	POOL CODE <b>70370</b>
PROPERTY CODE <b>11659</b>	PROPERTY NAME <b>BACK BASIN</b>	WELL NUMBER <b>001</b>

II. SURFACE LOCATION

UL OR LOT NO. <b>I</b>	SECTION <b>20</b>	TOWNSHIP <b>23S</b>	RANGE <b>34E</b>	LOT IDN	FEET FROM THE <b>1980</b>	NORTH/SOUTH LINE <b>FSL</b>	FEET FROM THE <b>660</b>	EAST/WEST LINE <b>FEL</b>	COUNTY <b>LEA</b>
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BOTTOM HOLE LOCATION

UL OR LOT NO.	SECTION	TOWNSHIP	RANGE	LOT IDN	FEET FROM THE	NORTH/SOUTH LINE	FEET FROM THE	EAST/WEST LINE	COUNTY
LSE CODE <b>F</b>	PRODUCING METHOD CODE <b>P</b>	GAS CONNECTION DATE		C-129 PERMIT NUMBER		C-129 EFFECTIVE DATE		C-129 EXPIRATION DATE	

III. OIL AND GAS TRANSPORTERS

TRANSPORTER OGRID <b>138648</b>	TRANSPORTER NAME AND ADDRESS <b>AMOCO PIPELINE -- ITC 502 N. WEST AVE LEVELLAND, TX 79336</b>	POD <b>260830</b>	O/G <b>O</b>	POD ULSTR LOCATION AND DESCRIPTION <b>20 23S 34E</b>

IV. PRODUCED WATER

POD	POD ULSTR LOCATION AND DESCRIPTION
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V. WELL COMPLETION DATA

SPUD DATE	READY DATE	TD	PBTD	PERFORATIONS
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT

V. WELL TEST DATA

DATE NEW OIL	GAS DELIVERY DATE	TEST DATE	TEST LENGTH	TBG PRESSURE	CSG PRESSURE
CHOKE SIZE	OIL	WATER	GAS	AOF	TEST METHOD

I hereby certify that the rules 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: <i>Juanel Harper</i> Printed name: <b>JUANEL HARPER</b> Title: <b>PRODUCTION ANALYST</b> Date: <b>09/11/96</b> Phone: <b>(505) 677-2370</b>		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY <b>GARY WINK</b> FIELD REP. II Approved by: Title: Approval Date: <b>SEP 13 1996</b>	
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If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

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  
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL	Well API No. 30-025-27051
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 type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 BACK BASIN Unit	Well No. 1	Pool Name, Including Formation WEST ANTELOPE RIDGE ATOKA	Kind of Lease State, Federal <input checked="" type="checkbox"/> Private	Lease No. NM 18306
Location Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 20 Township 23 S Range 34 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> CONOCO SURFACE TRANSP	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DR. MIDLAND TX 79705			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SID RICHARDSON <del>CARBON</del> GASOLINE CO	Address (Give address to which approved copy of this form is to be sent) 5030 E. UNIVERSITY, STE C-104 ODESSA, TX			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 20	Twp. 23S	Rge. 34E
Is gas actually connected?	When ? 09/23/93		79762	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		

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- MCP

GAS WELL

Actual Prod. Test - MCP/D	Length of Test	Bbls. Condensate/MMCP	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  
JUANEL HARDEN PRODUCTION CLERK  
Printed Name  
10/08/93 (505) 677-2370  
Date  
Telephone No.

OIL CONSERVATION DIVISION

OCT 12 1993

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.

EXHIBIT 16 CLEVERLY ASSOCIATES  
ANN ARBOR MI 48106

RECEIVED

1993 12 19

LIBRARY  
FBI