

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

I. Operator <u>Ray Westall</u>		Well API No. <u>30-025-27051</u>
Address <u>Box 4, Loco Hills NM 88255</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Add Condensate Transporter		
If change of operator give name and address of previous operator <u>J.C. Williamson Box 16, Midland Tx 79701</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Back Basin Unit</u>	Well No. <u>1</u>	Pool Name, including Formation <u>West Antelope Ridge</u> <u>Bellevue Atoka gas</u>	Kind of Lease <u>State, Federal or Leasing</u> <u>XXX XXXX</u>	Lease No. <u>NM 18306</u>
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>23 South</u> Range <u>34 East</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Conoco Surface Transp</u>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>10 Desta Dr. E Midland Tx 79705</u>
Name of Authorized Transporter of Casinghead Gas <u>Delaware Natural</u>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>9111 Jollyville Rd. Austin, TX 78759</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>20</u> Twp. <u>23 S</u> Rge. <u>34 E</u>	Is gas actually connected? <u>NO</u>	When?
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				
HOLE SIZE			TUBING, CASING AND CEMENTING RECORD			SACKS CEMENT		
CASING & TUBING SIZE			DEPTH SET					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tank	Date of Test	(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.)	
Length of Test	Tubing Pressure	Producing Method (Flow, pump, gas lift, etc.)	
Actual Prod. During Test	Oil - Bbls.	Casing Pressure	Choke Size
		Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>870</u>	<u>4 hr</u>	<u>5</u>	<u>58</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back pr.</u>	<u>3900</u>	<u>0</u>	<u>11/64"</u>

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 [Signature]
Printed Name Randall L Harris Title Geologist
Date 5/24/91 Telephone No. 505/677-2370

OIL CONSERVATION DIVISION

Date Approved MAY 29 1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 with Rule 111.

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.

RECEIVED
MAY 24 1997
FBI
FEDERAL BUREAU OF INVESTIGATION