

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Ray Westall		Well API No. 30-025-30890
Address Box 4, Loco Hills NM 88255		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator _____		<input type="checkbox"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 30	Well No. 1	Pool Name, including Formation Wildcat Delaware	Kind of Lease State, Federal or Lease	Lease No. NM-68821
Location Unit Letter G : 2080 Feet From The North Line and 1989 Feet From The East Line Section 30 Township 23S Range 34E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Delaware Natural Gas	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville Rd. Austin Tx. 78759					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 30	Twp. 23S	Rge. 34E	Is gas actually connected? NO	When ?
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

III. COMPLETION DATA

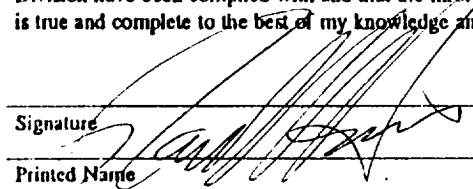
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 7/20/90	Date Compl. Ready to Prod. 4/13/91		Total Depth 8500		P.B.T.D. 8460			
Elevations (DF, RKB, RT, GR, etc.) 3606 Gr.	Name of Producing Formation Delaware		Top Oil/Gas Pay 8353		Tubing Depth 8275			
Perforations 8353-80					Depth Casing Shoe 8500			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		600		800			
11	8 5/8		5145		1550			
7 7/8	4 1/2		8500		425			

IV. 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 4/15/91	Date of Test 4/25/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 185	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 20	Gas- MCF 50(est)
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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  Geologist
Printed Name
Randall L. Harris
Date 5/5/91
Telephone No. 505/677-2370

OIL CONSERVATION DIVISION
MAY 06 1991

Date Approved _____
By ORIGINAL SIGNED BY DISTRICT OFFICIAL
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.
Separate Form C-104 must be filed for each pool in multiply completed wells.

MAY 07 1991

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NATIONAL ARCHIVES