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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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APR 8 1969

O. C. C.

ARTESIA, OFFICE

I. Operator **Kennedy Oil Co., Inc.**

Address **P.O. Box 151 Artesia, New Mexico**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "B"	Well No. 6	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee State	Lease No. B-3627
Location Unit Letter M ; 744 Feet From The West Line and 990 Feet From The South Line of Section 19 Township 17S Range 31E , NMPM, Eddy 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1135 Emisco, N.M.					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 17	Rge. 31	Is gas actually connected? Yes	When 1961

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	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 9-20-62	Date Compl. Ready to Prod. 4/4/69	Total Depth 7088	P.B.T.D. 3470					
Elevations (DF, RKB, RT, GR, etc.) 3628 KB	Name of Producing Formation Grayburg- San Andres	Top Oil/Gas Pay 2857	Tubing Depth 3286					
Perforations 2857-3410	Depth Casing Shoe 7087							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11 1/4"	8 5/8" 24' New	1252'	200					
7 7/8"	4 1/2" 9.5 & 10.5' New	7088'	870					
	2 3/8"	3286'						

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 Tanks 4/4/69	Date of Test 4/8/69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr's	Tubing Pressure 15	Casing Pressure 15	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 47	Water-Bbls. 7 (LW)	Gas-MCF 101

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. B. Cunningham
(Signature)

Vice Pres.
(Title)

4/8/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1969, 19

BY W. A. Gressett

TITLE OIL AND GAS SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.