

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED BY

JAN 16 1987

O. C. D.

ARTESIA, N.M.

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

operator

Delmar W Berry

address

P.O. Box 512 Alto New Mexico 88312

reason(s) for filing (Check proper box)

☐ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

change of ownership give name

address of previous owner

John Schoenmaker 20 Gary Dr Artesia N.M. 88210

DESCRIPTION OF WELL AND LEASE

Well Name <u>State T</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>East Turkey Track Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-2634</u>
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cellion

Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West

Line of Section 12 Township 19S Range 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Oil of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refinery</u>	<u>P.O. Box 159 Artesia NM</u>
Gas of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
	<u>Post IP-2</u>
well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>12</u> Twp. <u>19S</u> Rge. <u>29E</u>	<u>1-23-87</u> <u>chg op</u>

his production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation Division have
n complied with and that the information given is true and complete to the best of
knowledge and belief.

(Signature)

Owner

(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 22 1987

APPROVED _____, 19 _____

BY _____ Original Signed By

Leslie A. Clements

TITLE _____ Supervisor District II

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 allow-
able 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.

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
ations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of bond oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

WELL

al Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (Pilot, back pr.)	Tubing Pressure (Chrt-in)	Casing Pressure (Shut-in)	Choke Size