

DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND

Form 1104
 Supersedes OCS-1104 and C-110
 Effective 1-1-65

APPLICATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
 MAY 30 1973

I. OPERATOR

Operator: Dannelly Drilling Company ✓

Address: Box 433, Artesia, New Mexico 88210

Reason(s) for filing: New Well Recompletion Change in ownership Low Gas Condensate

Other (Please explain): Change from Permian

O. C. C.
 ARTESIA, OFFICE

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Producing Formation	Kind of Lease	Lease No.
<u>Wentz State</u>	<u>2 Aid Yates - Seven Rivers</u>	<u>State, Federal or Free State</u>	<u>86251</u>
Location			
Unit Letter: <u>P</u>	<u>330</u> feet to the <u>S</u>	Line and <u>330</u>	Feet From The <u>E.</u>
Line of Section <u>24</u>	Township <u>17</u>	Range <u>28</u>	<u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Co.</u>	<u>P. O. Box 175</u>
Name of Authorized Transporter of Gas, Steam, or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	<u>Artesia, New Mexico 88210</u>
If well produces oil or liquids, give location of tanks. <u>P 24 17 28</u>	is gas actually connected? <input type="checkbox"/> 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RL, CR, etc.)	Name of Production 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 Tanks	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 - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Thelma Hall Thelma Hall
 (Signature)
 Bookkeeper
 (Title)
 5-30-73

OIL CONSERVATION COMMISSION

APPROVED MAY 30 1973, 19

BY W. A. Gressett
 OIL AND GAS INSPECTOR

TITLE _____

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.