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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-105
 Effective 1-1-65

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JUL 28 1978

I. Operator Kennedy Oil Co., Inc. ✓

Address P.O. Box 151 Artesia, New Mexico 88210 **O. C. C. ARTESIA, OFFICE**

Reason(s) for filing (Check proper box) Other (Please explain.)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Change of ownership effective 6/21/78
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Mountain States Petroleum Corp. P.O. Box 1936 Roswell, N.M. 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "B"</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Grayburg Jackson</u>	Kind of Lease State, Federal, or Fee <u>State</u>	Lease No. <u>R-3634</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>	Line of Section <u>2</u>	Township <u>17S</u>	Range <u>31E</u>	County <u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.,</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175 Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197 Houston, Tx. 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>2</u> Twp. <u>17S</u> Rge. <u>31E</u>	Is gas actually connected? <u>yes</u> When? <u>?</u>

If this production is commingled with that from any other lease or pool, give commingling order number: OTE # 62

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	F.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 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

*Posted 8-4-78
changed spec.*

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.

(Signature)
 Pres.
 (Title)
6/26/78
 (Date)

OIL CONSERVATION COMMISSION

JUL 31 1978

APPROVED _____ 19
 BY *W.A. Gressitt*
 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 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.