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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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

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

AUG 15 1969

Operator Kennedy Oil Co., Inc.		D. S. G. ARTESIA, OFFICE	
Address Box 151 Artesia, N.M.			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Plug back from Sharpburg San Andres to Seven Rivers zone.	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Friess Fed.	Well No. 1	Pool Name, Including Formation Seven (SEC)	Kind of Lease State, Federal or Fee Fee	Lease No. 660409
Location Unit Letter J , 2310 Feet From The South Line and 1650 Feet From The East				
Line of Section 19 Township 17S Range 31E , NMPM, ddy 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 2197 Houston, Texas	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19
	Twp. 17S	Rge. 31E
	Is gas actually connected? yes When 1962	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 1941	Date Compl. Ready to Prod. 8/13/69		Total Depth 3470		P.B.T.D. 2431			
Elevations (DF, RKB, RT, GR, etc.) 3609 DF	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 1895		Tubing Depth 2018			
Perforations 1901-04, 1971-74 (.42) 1/ft.					Depth Casing Shoe 2719			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10	8 1/4		465		50			
8	7 3/8		2719		100			
			2018					

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 8/13/69	Date of Test 8/14/69	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr's	Tubing Pressure -	Casing Pressure 7	Choke Size 2
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 5 LW	Gas-MCF TSTM

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.

P.B. Cunningham
(Signature)
Vice Pres.
(Title)
8/14/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 25 1969**, 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