

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65HOLD ALL REPORTS CONFIDENTIAL

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TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

I. Operator
C. C. Kennedy
Address
Box 234, Farmington, N. M. 87401

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BSK Edna IX	Well No. 1	Pool Name, Including Formation Lone Pine Dakota	Kind of Lease State, Federal or Fee Nav. All.	Lease No. Noo-C-14-
Location Unit Letter F ; 2200 Feet From The north Line and 1650 Feet From The west Line of Section 8 Township 17 Range 8W , NMPM, McKinley 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"/> Western Oil Transportation Co., Inc.	Address (Give address to which approved copy of this form is to be sent) 1244 W. B. Houston, Day 7761	
Name 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)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 8
	Twp. 17	Rge. 8
Is gas actually connected?		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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/20/71	Date Compl. Ready to Prod. 1/9/72	Total Depth 2885'		P.B.T.D. 2840'				
Elevations (DF, RKB, RT, GR, etc.) 7045' R.K.B.	Name of Producing Formation Lone Pine Dakota	Top Oil/Gas Pay 2819'		Tubing Depth 2830'				
Perforations 2819' - 23'				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11'	8 5/8"		78'		40 SX.			
7 7/8"	5 1/2"		2881'		225 SX.			
	2 3/8"		2830'					

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 1/8/72	Date of Test 1/9/72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16 hrs.	Tubing Pressure 50	Casing Pressure 265	Choke Size ---
Actual Prod. During Test 118	Oil-Bbls. 177	Water-Bbls. 3	Gas-MCF ---

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.

Original signed by **T. A. Dugan**

(Signature)

Engineer

(Title)

8 1/10/72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 11 1972**, 19BY **Original Signed by Emery C. Arnold**TITLE **SUPERVISOR DIST #3**

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.