

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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AND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
PERATOR	
LOCATION OFFICE	

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.

REQUEST FOR ALLOWABLE
AND

ARTESIAN AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator D. 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 ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

SI

Change of ownership give name John Schoonmaker
Address of previous owner 20 Gary Dr. Artesia NM 88210

DESCRIPTION OF WELL AND LEASE

Well Name <u>State A</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Double Queen Ass.</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>LC-1081</u>
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Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line of Section 2 Township 15S Range 19E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4th and Washington Address TX</u>
well produces oil or liquids, <input checked="" type="checkbox"/> or location of tanks.	is gas actually connected? <input checked="" type="checkbox"/> When
<u>15</u> <u>2</u> <u>15S</u> <u>19E</u>	<u>NO</u>

his production is commingled with that from any other lease or pool, give commingling order number: 2-13-87 chg op

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

John Schoonmaker
(Signature)
Owner
Jan 9, 1987
(Date)

OIL CONSERVATION DIVISION

FEB 12 1987

APPROVED _____, 19 _____
Original Signed By
BY Les A. Clements
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.

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, RAD, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
orations						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 load 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
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

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