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New Well			

Aug. 30, 1974

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED SEP 0 3 1974 <u>o. c. c.</u> ARTESIA, OFFICE ubbock, Texas 79401 Other (Please explain) Change in Transporter of: Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Federal
State, Federal or Fee #025527 Berry 26 Redlake Queen Gas Location **1980** 23/0 Feet From The 330 Feet From The South Line and 24 175 Line of Section , Township Range 27E Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas 🛣 Address (Give address to which approved copy of this form is to be sent) Southern Union Gas Co. Attention Oran L. Hazeltine Rge. Twp. If well produces oil or liquids, give location of tanks. No. Ves - Near Future Sage If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion = (X) Date Compl. Ready to Prod. Date Spudded 10 spend - 7-1-70 1229 1237 1229 July 20, 1974
Name of Producing Formation Tubing Depth Queen Sanda 1189 1230 Depth Casing Shoe 1189-1201' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE DEPTH SET 7 3/4 51 445 75 4 3/4 1230 150 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL 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 Frod. During Test Oil-Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate None None 375 Testing Method (pitot, back pr.) 24 hrs. Tubing Pressure Casing Pressure Choke Size **Flow** 50 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED NOV 1 2 19 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. TITLE OIL AND GAS INSPECTOR 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. _ Accountant

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.