

DISTRIBUTION	4
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-116  
Effective 1-1-65

(51)

RECEIVED

MAY 31 1973

I.

Operator	Donnelly Drilling Co. ✓		
Address	Box 433, Artesia, New Mexico 88210		
Reason(s) for filing (check appropriate box)	Other (Please explain)		
New Well	<input type="checkbox"/>	Change in transporter oil	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Change in lease	<input type="checkbox"/> Condensate <input type="checkbox"/>
Change from Permian Corp.			

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Wentz Aid		Well Name, Including Formation	1 Aid Yates-Seven Rivers	Kind of Lease	State, Federal or Fee	State	Lease No.	B6251
Location	Unit Letter 0 330 Feet From Dr. South Line and 2310 Feet From The East								
Line of Section	24	Township	17	Range	28	NMPM,	Eddy	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"/>	Navajo Crude Oil Purchasing Co.		Address (Give address to which approved copy of this form is to be sent)	Box 175	
Name of Authorized Transporter of Gas (head gas) <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	None		Address (Give address to which approved copy of this form is to be sent)	Artesia, New Mexico 88210	
If well produces oil or liquids, give location of tanks.	0	24	17	28	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Completed Ready to Prod.		Total Depth			R.B.T.D.		
Elevations (DF, RKB, ET, 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

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Thelma Hall Thelma Hall

(Signature)

Bookkeeper

5-30-73

## OIL CONSERVATION COMMISSION

MAY 31 1973

APPROVED

BY

W. A. Gussert

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.

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 each change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.