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OPERATOR					
PRORATION OFFICE					

## NEW MEXICO OIL CONSERVATION COMM

Form C-104

REQUEST FOR ALLOWABLE AND	Supersedes Old G-104 and G-11 Effective 1-1-65		
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL	GASRECEIVED		
•	SEP 1 1970		
	ARTESIA, DEFICE		
k Bldg., Midland, Texas 79701 Other (Please explain)			

ON !

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C & K Petroleum, Inc.	ŀ			+									
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Recompletion   Change in Ownership   Norman   Chambors & Kennedy, 607 Midland National Bank Bldg., Midland, Toxas 79701		Reason(s) for filing	(Check	proper	box)				10"				
Change in Ownership give name   Chambers & Kennedy, 607 Midland National Bank Bldg., Midland, Toxas 79701		New Well Effective Sept. 1, 1970											
If change of ownership give name Chambers & Kennedy, 607 Midland National Bank Bldg., Midland, Texas 79701  If Change of ownership give name Chambers & Kennedy, 607 Midland National Bank Bldg., Midland, Texas 79701  IDESCRIPTION OF WELL AND LEASE    Lease Name		Recompletion Oil Dry Gas   This is a shut in well											
I. DESCRIPTION OF WELL AND LEASE  Lease Name Abo 2 Red Lake Red Lake State, Federal or Fee State, Federal or Fee Abo Location Until Letter N ; 990 Feet From The South Line and 2310 Feet From The Wast Line of Section 27 , Township 17 Range 28 , NMPM, Eddy County Line of Section 27 , Township 17 Range 28 , NMPM, Eddy County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Coll or Condensate Address (Give address to which approved copy of this form is to be sent) Well shut in Name of Authorized Transporter of Cossinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces all or liquids, quite lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Depth Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test mast be after recovery of total volume of load all and must be equal to or exceed top allow able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas ilife, etc.)  Control Testure (Control Test)  Producing Method (Flow, pump, gas ilife, etc.)		Change in Ownership				Casinghead	Gas	Conden	eate		<u> </u>		
Lecation    Abo		and address of prev	rious o				ennedy,	, 607 Mi	dland Na	tional B	ank Bldg		
Abo  Location Unit Letter N ; 990 Feet From The South Line and 2310 Feet From The West Line of Section 27 , Township 17 Range 28 , NMPM, Eddy County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Condensate Address (Give address to which approved copy of this form is to be sent)  Well shut in Name of Authorized Transporter of Casinghead Cas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, Unit Sec. Twp. Rep. Is gas actually connected? When If well production is commingled with that from any other lesse or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  OEPTH SET  SACKS CEMENT  V. 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 allow able for this depth or be for full 24 hours)  Date First New Cill Run To Tanks  Date of Test  Producing Method (Flow, pump, gas life, etc.)	Ι.		F WEL	<u>۱۱۰ A</u>	נשא	LEASE	Well N	o. Pool Nam	e, Including	Formation			
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Name of Authorized Transporter of Oil	ı.	DESIGNATION C	F TR	ANSP	ORT	TER OF OIL A	ND NAT	URAL GA	S		which approx	ed copy of this form	is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approve topy of this following for this form any other lease or pool, give commingling order number:  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. 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 allow able for this depth or be for full 24 hours)  Casing Researce  (Choke Size)		Name of Authorized	Transpo	orter o	1 011	or Con	densate [		Address (Ut	ye aaaress so	water appro-	co copy of once jame	
Name of Authorized Industry (Unit Sec. Twp. 'Rge. Is question and its question of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  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 allow able for this depth or be for full 24 hours)  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)		Well shut i	in				·		Address (Ci		which approx	ed copy of this form	is to be sent)
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Length of Test Tubing Pressure Casing Pressure Choke Size		Date First New Oil	Run To	Tank		Date of Test		•	Producing h	Method (Flow	, pump, gas li	jt, etc.j	
Length of Test Tubing Pressure Casing Pressure					_				<u> </u>			Choke Sive	
		Length of Test				Tubing Pressur	•		Casing Pre	sewe		CHORA SIZE	

Gas - MCF Water-Bbls. Oil-Bble. Actual Prod. During Test

GAS WELL	,		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		/ OU CONSE	DVATION COMMISSION

VI. CERTIFICATE OF COMPLIANCE

August 31, 1970

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.

10			٠	
16C	Tompson	G.	C.	Tompson
	(Signature)	•		-

(Date)

Manager of Production (Title)

SEP 21 1970

APPROVED

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 allow-able 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.