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TRANSPORTER	OIL	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUL 5 1974

Operator John R. Gray		O. C. C.	
Address P. O. Box 1046, Artesia, New Mexico 88210		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Effective July 1, 1974	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Request change of well number to:	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Delhi State No. 1 from Shell Co. # 2	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner **Kennedy Oil Company, P. O. Box 151, Artesia, New Mexico 88210**

Lease Name Delhi State		Well No. 1	Pool Name, Including Formation Red Lake, Q. G. SA	Kind of Lease State, Federal or Fee State	Lease No. B-4575
Location					
Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West 1950					
Line of Section 28 Township 17S Range 28E , NMPM, Eddy County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>						Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Co.						North Freeman Ave., Artesia, N. M.	
Name of 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)	
Phillips Petroleum Company						4th and Wash., Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	N	28	17S	28E	Yes	3-15-71	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.				Total Depth				P.B.T.D.							
Elevations (DF, RKB, RT, GR, 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 (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.	
Alvin Goodson (Signature)	
Agent (Title)	
July 3, 1974. (Date)	

OIL CONSERVATION COMMISSION	
JUL 8 1974	
APPROVED _____, 19____	
BY W. A. Gressett	
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 such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	

