

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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Operator	

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
O.C.D.  
ARTESIA, OFFICE

Kersey &amp; Company

Address  
P.O. Box 316, Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

change from injection to oil well

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Dunn	Well No. 3	Pool Name, Including Formation Artesia	Kind of Lease State, Federal or Fee Federal	Lease No. 028772 B
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>18</u> Range <u>28</u> , NMPM, <u>Eddy</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Atlantic Richfield	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2819 Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 18	Rge. 28	Is gas actually connected? yes	When 1-1-86

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							
Date Spudded Sept. 22, 1968	Date Compl. Ready to Prod. Jan. 1 1969		Total Depth 2681		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3617	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations 2332-90, 2480-88, 2644-54					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8	377	50
8"	7"	2484	150

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 Nov. 20, 1985	Date of Test Nov. 20, 1985	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 50#	Choke Size open
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 3	Gas - MCF

Post ID-3

2-21-86

Chg From

WIL to O/W

(X)

## 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

## 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 above is true and complete to the best of my knowledge and belief.

Harold Kersey

(Signature)

Partner

(Title)

1-31-86

(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 18 1986 , 19

BY Mike Williams

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 multiple completed wells.

