

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-110
 Effective 1-1-65

RECEIVED

SEP 26 1978

DISTRIBUTION		
STATE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator **Delmer W. Berry**

Address **1503 Sears Ave. Artesia, NM 88210**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner **Fred M. Newman 1618 Dengar Midland, TX 79701**

O.C.C.
 ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name **High Lonesome Penrose Unit** Well No. **5** Pool Name, Including Formation **High Lonesome Queen** Kind of Lease **Fed** **NM05523**

Location
 Unit Letter **J** ; **2310** Feet From The **South** Line and **2310** Feet From The **East**
 Line of Section **15** Township **16S** Range **29E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Seaboard Oil Co. Address (Give address to which approved copy of this form is to be sent)
~~1216 Vaughn Bldg. Midland, TX 79701~~

Name of Authorized Transporter of Casinghead Gas or Dry Gas
water injection well Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit ~~6~~ Sec. **15** Twp. ~~25S~~ Rge. ~~29E~~ Is gas actually connected? When

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 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

Posted
 9-29-78
 Change
 D.P.

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.

Delmer W. Berry
 (Signature)
Owner
 (Title)
Sept 23, 1978
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 29, 1978**

BY **W. A. Gresset**

TITLE **SUPERVISOR, DISTRICT II**

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

