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LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
 Superseded by OMC-101 and C-11
 Effective 1-1-65

RECEIVED

SEP 26 1978

Operator **Delmer W. Berry**

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

O. C. C.
 ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

Lease No. High Lonesome Penrose Unit	Well No. 2	Pool Name, including Formation High Lonesome Queen	Kind of Lease State, Federal or Fee Fed	Lease No. NM05523
Location	Unit Letter G	Feet From The North	Line and 1980	Feet From The East
	Line of Section 15	Township 16S	Range 29E	County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Scurlock Oil Co.	1216 Vaughn Bldg. Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 G	Sec. 15	Twp. 16S Rge. 29E
	Is gas actually connected?		When

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

7. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Enfl. Res'v.
Designate Type of Completion -- (X)									
Days Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, KKB, RT, CR, 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				

8. 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)	
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	Lbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

*P. test
 J.P. 3
 9-27-78
 Charles
 G...*

9. 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
 SEP 29 1978

APPROVED _____, 19____
 BY **W.A. Gussert**
 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 calculation of the seventh 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 well well name or number, or transporter, or other such change of condition.

