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SANTA FE	/		
FILE	/-		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
I RANSFORTER	GAS	/	
OPERATOR	/		
PROPATION OF	1		

	SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Supersede	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
	FILE /-		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL (1-1-05		
	U.S.G.S.	AUTHORIZ	ATION TO TR	ANSPORT O	L AND NATUR	RAL GAS			
	TRANSPORTER OIL /	 				REDY	VED		
_	OPERATOR / PRORATION OFFICE						 		
I.	Operator	Tno				£ * 8*	٠		
	Kennedy Oil Company, Address	THC.				ARTULA	. Cerior		
	P. O. Box 151 - Arte Reason(s) for filing (Check proper box		CO	Otl	her (Please explain				
	New Well	Change in Tran	sporter of:	_ CI	hange of well	ll number from I			
	Recompletion Change in Ownership	Oil Casinghead Ga	Dry G		o Kennedy Fo 967	id. 14 - E ffecti	ve February 1		
	If change of ownership give name and address of previous owner	Newmont (Dil Company	- Artesi	a, New Mexic	co			
II.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name		Well No. Pool N			Kind of Lease State, Federal or	Fee • • •		
	Rennedy Federal		/ 💤 Squa	re Lake	(G.S.A.)		rederal .		
	Unit Letter;	660 Feet From The	. X L	ine and 6	60 Feet	From The			
	Line of Section 28 , To	wnship 168	Range	31E	, NMPM,	Eddy	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND	NATURAL G	AS	17	approved copy of this for	= in to be contl		
	Name of Authorized Transporter of Oi Continental Oil Comp		sate	1	City, Oklaho		m is to be sent)		
	Name of Authorized Transporter of Co	asinghead Gas 🔝 💢	or Dry Gas	Address (Gir	e address to which	approved copy of this for	m is to be sent)		
	Thillips Petroleum		Twp. Rge.		sville, Okland	Mhen When			
	If well produces oil or liquids, give location of tanks.	A 28	16 31	Mot at	present				
13/	If this production is commingled w. COMPLETION DATA	ith that from any oth	er lease or pool	, give commin	gling order numbe	r:			
IV.	Designate Type of Completi	on - (X)	ll Gas Well	New Well	Workover Deep	oen Plug Back Sam	e Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.	·		
	Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	Tubing Depth		
	Perforations				Depth Casing Shoe				
		TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE		UBING SIZE		DEPTH SET		CEMENT		
	*When Kennedy Fed. #1 the tank battery and production from the	gas connection	n at (Unit	H) Will b	e utilized	for the oil and	888		
₩7	THE COLUMN AND DECLIES I	EOD ALLOWARIE	(Test must be	after recovery o	of total volume of le	and oil and must be equal	to or exceed top allow		
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 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.)								
		Tubing Pressure		Casing Pres	sure	Choke Size	· · · · · · · · · · · · · · · · · · ·		
	Length of Test	Tubing Pressure		Cusing Fies	3000	Shoke 5135			
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	nsate/MMCF	Gravity of Conde	ensate		
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pres	sure	Choke Size			
*1"	CERTIFICATE OF COMPLIAN	ICF			OII CONSI	ERVATION COMMIS	SSION		
VI	. CERTIFICATE OF COMPLIAN	ICE.			-	to the contract			
I hereby certify that the rules and regulations of the Oil Commission have been complied with and that the informabove is true and complete to the best of my knowledge.		nformation giver	11 a harriet			, 19			
	above is true and complete to the	ie best of my know.	leage and berrer	!	UIL I.	1.00 1.22			
				TITLE _	form is to be fil.	ed in compliance with	RULE 1104.		
	X. B. Tourse			If thi	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	(Signature)			tests take	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	·	(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	3-7-67	Date)		well name	e or number, or tra	II, III, and VI only for insporter, or other such	change of condition.		
					to Forms C 10	4 must be filed for ea	ica nooi in multinit		

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.