

**NEW MEXICO
OIL CONSERVATION COMMISSION**
TENTH & DALLAS STREETS
ARTESIA, NEW MEXICO

February, 1965

No. A 74

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE February 26, 1965

PURPOSE: ALLOWABLE REVISION

Effective February 26, 1965 the allowable of the following Kennedy Oil
Company well in the Square Lake pool is hereby revised as indicated:

Well No. 4-2, 22-14-31

25 days at 6 barrels 150 barrels current
3 days at 12 barrels 36 barrels current

TOTAL PERMITTED ALLOWABLE, 186 BARRELS

MA/ta

Kennedy Oil Company

Continental

OIL CONSERVATION COMMISSION

W. B. Armstrong
SUPERVISOR, DISTRICT NO. 2

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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

JAN 11 1965

O. C. C.
ARTESIA, OFFICE

I. Operator
Kennedy Oil Company ✓
Address
P. O. Box 151 - Artesia, New Mexico
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)
Filed to show change of oil transporter, from Permian Corp. to Continental Pipeline Co. - Effective 1-1-65

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|----------------------|---|---|
| Lease Name Sheldon F. L. | Well No. 6 | Pool Name, Including Formation Grayburg San-Andreas | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter D ; 660 Feet From The North Line and 330 Feet From The West Line of Section 28 , Township 16S. Range 31E. , NMPM, Eddy County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Continental Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 410 - Artesia, New Mexico | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None TSTM | 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 N | Sec. 28 |
| | Twp. 16 | Rge. 31 |
| | Is gas actually connected? No | When |

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

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. | | | |
| Pool | 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 | Casing Pressure | 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.

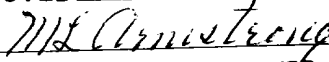

(Signature)

Vice President
(Title)

January 7, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 11 1965, 19

BY 
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 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.