

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
REQUEST FOR ALLOWABLE CHANGES

Form C-127
Revised 1-1-65

NOV 10 1982

O. C. D.

One copy of Form C-127 shall be filed with the appropriate District Office of the Oil Conservation Commission not later than the 15th of the month preceding the month for which allowable changes are requested. This form shall include only the wells for which allowable changes are desired.

Date November 9, 1982

The following allowable changes for the month of November 1982

are hereby requested by Kennedy Oil Co., Inc. Operator

Operator

P.O. Box 151

Artesia, N.M. 88210

Address

No well can be assigned an allowable greater than the amount of oil produced on the latest G.O.R. test. For wells on which top allowable is desired, enter a "T" in the Allowable Requested Column.

POOL	LEASE	WELL NO.	UNIT	S	T	R	ALLOWABLE REQUESTED	REMARKS
Square Lake	(g.S.A.) Sheldon Fed.	6	D	28	16S	31E	15	Hot watered & changed pumps

It is further requested that all other wells operated by this producer be assigned the allowables that they are currently receiving with the exception that top allowable wells and wells affected by excessive gas - oil ratios be given the benefit of any increase in normal unit allowable.

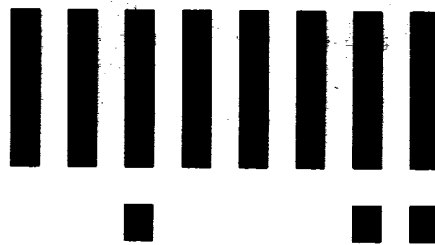
Representing

Signed

Kennedy Oil Co., Inc.

Operator

Title Clerk



LTR



Job separation sheet

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

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

MAY 6 1981

O. C. D.

ARTESIA, OFFICE

I.

Operator Kennedy Oil Co., Inc.	
Address P.O. Box 151 Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheldon Federal	Well No. 6	Pool Name, Including Formation Square Lake Grayburg S.A.	Kind of Lease State, Federal or Fee Fed.	Lease No. LA 063105
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, Blady 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"/> Navajo Grade Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 D	Sec. 28
	Twp. 16S	Rge. 31E
	Is gas actually connected? No TSTM	
	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.		
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

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.


(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 07 1981, 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 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 multiply completed wells.