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CLASS.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	4
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-164
Supersedes Old C-164 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator Ray Smith Drilling Company	
Address 3306 Republic Bank Building, Dallas, Texas	
Reasons for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in name of Operator only from
Recompletion ☐	Chemical Express, Inc., effective
Change in Ownership ☐	May 1, 1967
Change in Transporter of oil ☐	
Oil ☐	
Gas ☐	
Change in Transporter of casinghead gas ☐	
Casinghead Gas ☐	
Condensate ☐	

If change of ownership give name and address of previous owner Change in operating name only (same ownership).

II. DESIGNATION OF WELL AND LEASE	
Well Name Delhi-State	Well No. Pool Name, Including Formation 2 Vandergriff Keyes Gas
Kind of Lease State, Federal, or Fee	Lease No. B-2178-4
Location	
Unit Letter L	Feet From The 660
W	Line and 1,980
S	Feet From The
Line or Section 4	Township 17S
Range 28E	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐	or Condensate ☐
Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☒
Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	
Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit #
Sec. 4	Twp. 17
Rge. 28	Is gas actually connected? Yes
When 11/17/63	

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, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE	
(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
Grav. Well	
Actual Prod. Test-MCF/D	Length of Test
Bbls. Condensate/MMCF	Gravity of Condensate
Testing method (plug, back, etc.)	Tubing Pressure (Start-End)
Casing Pressure (Start-End)	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.	
APPROVED _____, 1967	
BY <u>W. A. Grasset</u>	
TITLE _____	
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 1101.	
All sections of this form must be filled out completely for allowance on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.	
This form must be filed for each pool in multiple	
<u>Nell M. Heekin</u> Nell M. Heekin, Agent May 12, 1967	