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

Form O-104
Supersedes Old C-104 and C-110
Effective 1-1-66

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MAY 15 1967

Operator Ray Smith Drilling Company	
Address 5500 Republic Bank Building, Dallas, Texas	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Redemption ☐	Other (Please explain) Change in name of Operator only from Chemical Express, Inc., effective May 1, 1967.
Change in Ownership ☐	
If change of ownership give name and address of previous owner	
Change in operating name only (same ownership).	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Delhi-State	Well No. 1	Pool Name, Including Formation Vandergriff Keyes Gas	Kind of Lease State, Federal or Fee	Lease No. B-2178-4
Location				
Unit Letter C	660	Feet From The N	Line and 1,970	Feet From The W
Time of Drilling 4	Township 17S	Range 28E	NMPM, Eddy	County

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 C	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'tv.	Diff. Res'tv.
Date Spaced	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (OF, RND, RF, 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/MCF	Gravity of Condensate
Testing Method (Flow, 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.

Nell M. Heflin
Signature

Nell M. Heflin, Agent

May 12, 1967

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY W. A. Gressett

TITLE _____

This form is to be filed in compliance with RULE 1103.

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 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.

Form O-104 must be filed for each pool in multiply