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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 27 1986

O. C. D.

ARTESIA OFFICE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator Kennedy Oil Co., Inc.	
Address P.O. Box 151 Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Converted from water injection well to oil producing well
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Rowley Fed.	Well No. 1	Pool Name, including Formation Square Lake (Grayburg S.A.)	Kind of Lease State, Federal or Fee Federal	Lease No. LC060543
Location				
Unit Letter I	Feet From Line 1650	Feet From Line South	Line and 1980	Feet From The West
Line of Section 20	Township 16S	Range 31E	NMFM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) Drawer 159 Artesia, N.M. 88210					
Name of Authorized Transporter of 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 I	Sec. 20	Twp. 16S	Rge. 31E	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input checked="" type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 1/4/64	Date Compl. Ready to Prod. 3/9/85	Total Depth 3513	P.B.T.D. 3499					
Elevations (DF, FKB, RT, GR, etc.) 3947 KB	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3319	Tubing Depth 3278					
Perforations 3322, 3323 $\frac{1}{2}$, 3325 $\frac{1}{2}$, 3333, 3338, 3342, 3462, 3463 $\frac{1}{2}$, 3466 $\frac{1}{2}$, 3468, 3469 $\frac{1}{2}$, 3472	Depth Casing Shoe 3511							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8" 54#	27'	21
7 7/8"	5 1/2" 14#	3511'	150 + 50 sacks two staged @ 480'.

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 3/9/85	Date of Test 3/10/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr's	Tubing Pressure pumping	Casing Pressure 0	Choke Size none
Actual Prod. During Test	Oil-Bbls. 1	Water-Bbls. 1	Gas-MCF TSTM

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

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.

President

3/27/86

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 11 1986

APPROVED _____, 19

BY _____ Original Signed By

Les A. Clements

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.