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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

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| | | |
|---|-------------------------------------|---------------------------|
| I. Operator | | SEP 30 1965 |
| Kennedy Oil Company, Inc. | | |
| Address | | O.C.C. ARTESIA, OFFICE |
| P. O. Box 151 - Artesia, New Mexico | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion | <input type="checkbox"/> | Oil |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas |
| | | Dry Gas |
| | | Condensate |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | |
|-----------------|-----------------|----------|---------------|--------------------------------|-------------|---------------|-----------------------|---------|
| Lease Name | Kennedy Federal | Well No. | 3 | Pool Name, Including Formation | Square Lake | Kind of Lease | State, Federal or Fee | Federal |
| Location | | | | | | | | |
| Unit Letter | C | 660 | Feet From The | M | Line and | 1650 | Feet From The | W |
| 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"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Continental Pipe Line Company | | | | Artesia, New Mexico | | |
| Name of Authorized Transporter of Casinghead Gas | <input type="checkbox"/> | or Dry Gas | <input type="checkbox"/> | 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. | Twp. | Rge. | Is gas actually connected? | When |
| | C | 28 | 16 | 31 | yes | 1964 |

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. |
| X | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 8-14-65 | 9-6-65 | 3670' | 3663' | | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Square Lake | Grayburg-San Andres | 3419 | 3530' | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 3419-3431, 3456-3488, 3612-3622 | | | 3663' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 20" | 13 3/8" 48# | 29' | Circulated | | | | | |
| 7 7/8" | 4 1/2" 9.5# | 3663' | 200 + 30 two-staged @ 570' | | | | | |

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)

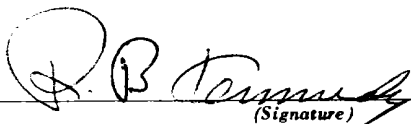
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 9-6-65 | 9-22-65 | pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | Pumping | 25 #/s | 2" |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 130 bbl | 37 | (93) Frac Water | TSTM |

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)

9-23-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 30 1965
BY M. L. Armstrong
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 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.

Copy to J. H.

RECEIVED

SEP 30 1965

ARTIFICIAL DEVICES

Kennedy Oil Company, Inc.
Kennedy Federal #3
NE/4 NW/4 Sec. 28, T-16S, R-31E
Eddy County, New Mexico

DEVIATION TEST RUNS

| | | Degree |
|-------|-------|--------|
| 500' | 1/2 | " |
| 1226' | 3/4 | " |
| 1747' | 1 | " |
| 2116' | 1 | " |
| 2584' | 3/4 | " |
| 2852' | 3/4 | " |
| 3110' | 1 1/4 | " |
| 3350' | 1 | " |
| 3507' | 3/4 | " |
| 3670' | 3/4 | " |

STATE OF NEW MEXICO)
: ss.
COUNTY OF EDDY)

The above deviation tests are true, accurate and complete to the best of my knowledge.

The above statement was acknowledged before me this 15th day of September, 1965, by Robert B. Kennedy, Vice President of Kennedy Oil Company, a New Mexico Corporation, on behalf of said Corporation.

Emilie Davis
Notary Public

My Commission Expires:

7-12-69