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OPERATOR	<input checked="" type="checkbox"/>
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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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APR 20 '88

O. C. D.

ARTESIA, OFFICE

Operator Kersey & Co - Red Lake Premier Sand Unit	
Address P.O. Box 316, Artesia, N. Mex 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	This was a reentry of a plugged deep well
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Lake Premier	Well No. 7	Pool Name, Including Formation Red Lake G-G-SA	Kind of Lease State, Federal or Fee State	Lease No. B-2178
Location Unit Letter M ; 660' Feet From The South Line and 660' Feet From The West				
Line of Section 20 Township 17S Range 28E , 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) Artesia, N. Mex.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 0 Sec. 20 Twp. 17S Rge. 28
Is gas actually connected? <input type="checkbox"/> 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 <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 checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded Dec. 15, 1987	Date Compl. Ready to Prod. April 1, 1988		Total Depth 10020'		P.B.T.D. 2600'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1796-1828'		Tubing Depth 1800'			
Perforations 1317-1353, 1796-1828, 2071-2200, 2368-2469'				Depth Casing Shoe 2511'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13"	8 5/8" 32#		2511'		1450			
					Port ID-2			
					5-13-88			
					Imp. & BK			

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 April 1, 1988	Date of Test April 5, 1988	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 hrs	Tubing Pressure Pumping	Casing Pressure 10#	Choke Size
Actual Prod. During Test 13 Bbls	Oil - Bbls. 3 Bbls	Water - Bbls. 10 Bbls	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Narrod Kersey

(Signature)

Partner

(Title)

April 18, 1988

(Date)

OIL CONSERVATION COMMISSION

APR 25 1988

APPROVED _____, 19____

BY **Mike Williams**
TITLE **OIL AND GAS INSPECTOR**

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.