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LOCATION OFFICE	

O CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

OCT 06 1983

O. C. D.
ARTESIA, OFFICE

LATCH OPERATIONS

Address
Box 10108 LUBBOCK TX 79408

Reason(s) for filing (Check proper box)

New Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-6-83
UNLESS AN EXCEPTION FROM BLM
IS OBTAINEDChange of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name BERRY	Well No. 32Y	Pool Name, Including Formation RED LAKE-D-G-SH	Kind of Lease State, Federal or Fee Federal	Lease No. NM 025527A
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Unit Letter A : 990 Feet From The NORTH Line and 980 Feet From The EAST

Line of Section 24 Township 17S Range 27E, NMPL, EDDY County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

NAVATO Pipeline

Address (Give address to which approved copy of this form is to be sent)
P.O. 159 Artesia NM 88210Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit K	Sec. 24	Twp. 17S	Rge. 27E	Is gas actually connected? NO	When To be tested Oct 1983
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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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. Diff. Res't. <input type="checkbox"/>
Date Spudded 2 June 83	Date Compl. Ready to Prod. 5 Aug 83	Total Depth 2360	P.B.T.D. 2357				
Deviations (DF, RAB, RT, GR, etc.) 3545 GR	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay	Tubing Depth 2311				
Information 2248-2256; 2266-2280 1/ft.			Depth Casing Shoe 2357				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18	10 3/4	58'	Circulated
9 7/8	7	350'	Circulated
6 1/2	4 1/2	2357	Circulated
	2 3/8	2311	

TEST DATA AND REQUEST FOR ALLOWABLE
L 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 9 Sept 83	Date of Test 9 Sept 83	Producing Method (Flow, pump, gas lift, etc.) PUMP	Post ID 2 10-7-83 Comp + BK
Length of Test 24 hrs	Tubing Pressure - 0	Casing Pressure 300	Choke Size
Actual Prod. During Test 10	Oil - Bbls. 10	Water - Bbls. 140	Gas - MCF To be checked

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Joseph B Schief 2
(Signature)
Agent29 Sept 83
(Date)

OIL CONSERVATION DIVISION

OCT 6 1983

APPROVED _____, 19

BY _____ Original Signed By

Leslie 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. Form C-104 must be filed for each pool in multiple