NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE		Ö 1	RECEIVED
TRANSPORTER OIL / :		P 1	
GAS			
OPERATOR			M AY 5 1966
I. PRORATION OFFICE Operator			
Sperator	Kersey & Company 1		O. O. O. Artesl. prece
Address	D. O. D. 216 Artonia	New Mexico 88210	
Reason(s) for filing (Check proper b	P. O. Box 316, Artesia, 1	Other (Please explain)	
Niew Well	Change in Transporter of:		
Recompletion	Oil Dry G	as	
Change in Ownership XX	Casinghead Gas Conde	ensate Waterflo	ood Unit
If change of ownership give name	Miller & Smith Petrole	eum Account - B rown S i	tate #1
and address of previous owner			E - 7664
II. DESCRIPTION OF WELL AN	D LEASE Well No. Pool N	ame, Including Formation	Kind of Lease
Old Loco	Jnit I G	rayburg Jackson	State, Federal or Fee State
Location			-
Unit Letter A ; 66	Feet From The North	ine and 660 Feet Fro	m The East
Line of Section 32	Township 178 Range	29E , NMPM,	Eddy County
IL DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of		Address (Give address to which app	roved copy of this form is to be sent)
Texas-New Mexico Pi	e Line Company	Box 1510, Midland	d, Texas
Name of Authorized Transporter of	Casinghead Gas 📉 or Dry Gas 🦳	'	roved copy of this form is to be sent) Ville Oklahoma 74094
Phillips Petroleum (Unit Sec. Twp. Rge.		ville, Oklahoma /4094_
If well produces oil or liquids, give location of tanks.	J 32 17 29	Central battery con	nected April, 1966
	with that from any other lease or pool	, give commingling order number:	
V. COMPLETION DATA Designate Type of Comple	tion (X) Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Comple			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST OIL WELL		after recovery of total volume of load of depth or be for full 24 hours)	oil and must be equal to or exceed top allow
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	DDID: Condendate, MINIOI	arant, or condendate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure

Harred	1Cerr	~
	(Signature)	
0wner		
	(Title)	

May 4, 1966 (Date)

OIL CONSERVATION COMMISSION MAY 5 1966

Choke Size

APPRQVED

TITLE SO ONE PAR ISSESSED

Casing Pressure

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.