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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

RECEIVED

MAY 5 1966

I. Operator **Kersey & Company** **O. C. C.**
Address **P. O. Box 316, Artesia, New Mexico 88210** **ARTESIA, OFFICE**

Reason(s) for filing (Check proper box) Other (Please explain)
New Well: Change in Transporter of:
Recompletion: Oil Dry Gas
Change in Ownership: Casinghead Gas Condensate **Waterflood Unit**

If change of ownership give name and address of previous owner **R. D. Collier - Kerr McGee #3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Old Loco Unit	Well No.	4	Pool Name, including Formation	Grayburg Jackson	Kind of Lease	E-537
						State, Federal or Fee	State
Location	Unit Letter D ; 990 Feet From The North Line and 990 Feet From The West						
Line of Section 32		Township 17S	Range 29E	, NMPM,		Ed. Co.	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"/>	Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)	Box 511 1510, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent)	Bartlesville, Oklahoma 74004				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32	Twp. 17	Rge. 29	Is gas actually connected? <input checked="" type="checkbox"/> When Central battery connected April, 1966		

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

Harold Kersey
(Signature)

Owner

(Title)

May 4, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 5 1966**, 19

BY *M. L. Armstrong*

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 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.