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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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DEC 26 1979

O. C. D.
ARTESIA, OFFICE

Operator Petroleum Corporation of Texas	
Address P. O. Box 911, Breckenridge, Texas 76024	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 Berry "A" Federal	Well No. 4	Pool Name, Including Formation Grayburg Jackson Queen S.A.	Kind of Lease State, Federal or Fee Federal	Lease No. LC054988(A)
Location Unit Letter F, 2310 Feet From The North Line and 2310 Feet From The West Line of Section 21 Township 17S Range 30E, 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) Texas New Mexico Pipe Line Company Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Continental Oil Company 1001 North Turner, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 21	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When 12/14/79

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/6/79	Date Compl. Ready to Prod. 11/14/79	Total Depth 6859'	P.B.T.D. 3420'					
Elevations (DF, RKB, RT, GR, etc.) 3648' GL	Name of Producing Formation Grayburg, Premier Jackson SA	Top Oil/Gas Pay 2615'	Tubing Depth 2981'					
Perforations 2615-2756'; 2860-2884'; 2972-3030'; 3344-3392'		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1442'	500 SX.					
7-7/8"	4-1/2"	6859'	658 SX.					

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 total allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/14/79	Date of Test 12/18/79	Producing Method (Flow, pump, gas lift, etc.) Pumping - 1 1/2" Insert	
Length of Test 24 Hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 57.0	Water - Bbls. 0	Gas - MCF 25

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.

Nancy B. Taylor
(Signature)

Production Clerk

(Title)

December 20, 1979

(Date)

OIL CONSERVATION COMMISSION

DEC 27 1979

APPROVED

BY

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.