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TRANSPORTER	OIL / GAS /
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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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AUG - 9 1978

I. Operator Kennedy Oil Co., Inc. ✓
Address P.O. Box 151 Artesia, N.M. 88210
Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-8-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
If change of ownership give name and address of previous owner _____

O.C.C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
New Mexico "BC" State	2	Grayburg-Jackson SA	State, Federal or Fee State	B-2613
Location				
Unit Letter		Feet From The	Line and	Feet From The
P	330	South		990
Line of Section	Township	Range	NMPM,	County
2	17S	31E		Eddy

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)			
Navajo Crude Oil Purchasing Co.	P.O. Drawer 175 Artesia, N.M. 88210			
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 Co.	P.O. Box 2197 Houston, Tx. 77001			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	P	2	17	31
Is gas actually connected? When	Yes 8-25-78			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7/26/78	8/8/78	3867		3843				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3975 GR	Grayburg	3530		3528				
Perforations	3530-40			Depth Casing Shoe				
				3866				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 24# New CFI		790'		300 Circulated			
7 7/8"	5 1/2" 15.5# " "		3866"		350			
	2 3/8"		3528					

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.)	
8/8/78	8/8/78	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
16 hr's	375	0 Pkr.	16/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
81.45 bbl	81.45	-0-	65.24

GAS WELL

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

W. A. Gressett
(Signature)
President
(Title)
8/9/78
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 10 1978
BY W. A. Gressett
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