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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

O. E. C.
ARTESIA OFFICE

Operator Kennedy Oil Co., Inc.	
Address Box 151 Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "BG" State	Well No. 3	Pool Name, including Formation Grayburg Jackson Q-G-SA	Kind of Lease State, Federal or Fee	State State	Lease No. B-2613
Location					
Unit Letter I	1650	Feet From The South	Line and 330	Feet From The East	
Line of Section 2	Township 17S	Range 31E	N.M.P.M. 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)					
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 P	Sec. 2	Twp. 17	Rge. 31	Is gas actually connected? yes	When 1978

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 9/15/79	Date Compl. Ready to Prod. 10/26/79	Total Depth 3852		P.B.T.D. 3843				
Elevations (DF, RKB, RT, GR, etc.) 3995 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3569		Tubing Depth 3710				
Perforations 2994-3000 , 3569-74, 3659-62, 3668-71, 3675-77, 3680-82 3684-87, 3691-94				Depth Casing Shoe 3851				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 23# R-3 New		770'		300 Circulated			
7 7/8"	5 1/2" 15.5# " "		3851'		425			
	2 3/8" 4.7# R-2 "		3710'					

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)

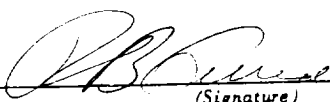
Date First New Oil Run To Tanks 11/1/79	Date of Test 11/8/79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr's	Tubing Pressure 25	Casing Pressure 25	Choke Size 2"
Actual Prod. During Test 84	Oil-Bbls. 84	Water-Bbls. 0	Gas-MCF 71.38

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.


(Signature)

President

(Title)

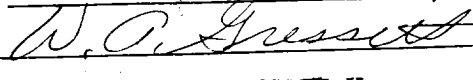
11/12/79

(Date)

OIL CONSERVATION COMMISSION

NOV 16 1979

APPROVED _____, 19

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.