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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 1-1-83  
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OCT 2 1980

O. C. D.  
ARTESIA, OFFICE

Operator Petroleum Corporation of Texas ✓	
Address Box 911, Breckenridge, Texas 76024	
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 Berry Federal	Well No. 5	Pool Name, Including Formation Grayburg-Jackson SR-Q-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. C-054988A
Location				
Unit Letter F	990	Feet From The North	Line and 2200	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, NM 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, NM 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 8-5-80

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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 6-14-80	Date Compl. Ready to Prod. 8-5-80		Total Depth 3615' 3642'		P.B.T.D. 3615			
Elevations (DF, RKB, RT, GR, etc.) 3661.3 GR.	Name of Producing Formation San Andres-Jackson		Top Oil Gas Pay 2897'		Tubing Depth 3260'			
Perforations 2897-2956'; 3218-3238'; 3284-3321'					Depth Casing Shoe 3615' 3642'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		516'		350			
7-7/8"	4 1/2"		3642'		475			
	2-7/8"		3260					

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 8-5-80	Date of Test 8-5-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 20	Gas-MCF 11

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.

Ladear Ragland  
(Signature)

Production Clerk

(Title)

September 30, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 6, 1980

BY W. A. Gressitt  
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.