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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-  
 Effective 1-1-65

JUN 1 1969

O.C.C.  
 OIL CONSERVATION COMMISSION

I. Operator **KERSEY & COMPANY**

Address **P. O. box 315, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE **RED LAKE PREMIER SAND UNIT:**

Lease Name <b>Tract 5</b>	Well No. Pool Name, Including Formation <b>1 Red Lake G. G. SA.</b>	Kind of Lease State, Federal or Fee	State	Lease No. <b>B-5084</b>
Location Unit Letter <b>A</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>East</b>	Line of Section <b>30</b>	Township <b>17S</b>	Range <b>28E</b> , NMFM,	County <b>Eddy</b>

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)
<b>Navajo Refining Company</b>	<b>North Freeman Ave., Artesia, New Mexico 882</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>29</b> Twp. Rge. Is gas actually connected? <b>No</b> When

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	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 t able 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 (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.

Craig Grimlan  
 (Signature)  
 Clerk  
 (Title)  
 June 11, 1969  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_

BY W.A. Gressett

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 11  
 If this is a request for allowable for a newly drill well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11  
 All sections of this form must be filled out complete on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for ch well name or number, or transporter, or other such cha  
 Separate Forms C-104 must be filed for each completed wells.