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	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-
Effective 1-1-65

JUN 1 1969

O. C. C.
ARTESIA, NEW MEXICO

KERSEY & COMPANY

Address

P. O. Box 315, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

RED LAKE PREMIER SAND UNIT:

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tract 5	1	Red Lake G. G. SA.	State, Federal or Fee State	B-5084
Location	Unit Letter A	330 Feet From The North Line and 350 Feet From The East	Line of Section 30	Township 17S Range 28E, NMFM, Eddy Coun

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 Refining Company, Inc.	North Freeman Ave., Artesia, New Mexico 882
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 C Sec. 29 Twp. Rge. Is gas actually connected? When

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't.	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

If this is a request for allowable for a newly drill well, this form must be accompanied by a tabulation 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.