

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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JAN 16 1987
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ARTESIA OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2028
SANTA FE, NEW MEXICO 87501
REQUEST FOR ALLOWABLE
AND
ARTESIA OFFICE

SI

Operator Delmar W. Berry
Address P.O. Box 512 Alto New Mexico 88312

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

Change of ownership give name of previous owner John Schoonmaker Collier Energy, Inc P.O. Drawer 88210
20 Gary Dr. Artesia N.M.

DESCRIPTION OF WELL AND LEASE

Well Name <u>MESA FAF</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Artesia Queen GR SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-1287</u>
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Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West
Line of Section 23 Township 18S Range 28E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Nava 30 Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Artesia N.M.</u>
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) <u>Post ID-2</u> <u>1-23-87</u> <u>Chg op</u>

Well produces oil or liquids, or location of tanks.	Unit <u>K</u>	Sec. <u>23</u>	Twp. <u>18S</u>	Range <u>28E</u>	Is gas actually connected? <u>Yes</u>	When <u>1-23-87</u>
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If its production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

John Schoonmaker
(Signature)
Owner
(Title)
Jan 9, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 22 1987, 19 1987

BY Original Signed By
Leslie A. Clements
Supervisor District II

TITLE _____

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 multiple completed wells.

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
ations (DF, KAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
ations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
th of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pilot, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-in)	Choke Size