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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-105
Effective 1-1-65

RECEIVED

JUL 22 1976

Operator Delmer W. Berry ✓	
Address 1503 Sears Avenue, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter oil ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Gas inhead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner D. J. F. Well Service, 104 Hermosa Drive, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Toomey Allen	Well No. 7	Pool Name, including Formation Artesia, Queen Grayburn San Andres	Kind of Lease State, Federal or Free	State New Mexico	Lease No. 647
Location Unit Letter <u>D</u> ; SW SE Feet From The _____ Line and _____ Feet From The _____					
Line of Section <u>28</u> Township <u>18</u> Range <u>28</u> , N.M.P.M., <u>New Mexico</u> <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 East Main, Artesia, New Mexico</u>
Name of Authorized Transporter of Gas inhead Gas ☐ or Dry Gas ☐	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 <u>J</u> Sec. <u>28</u> Twp. <u>18</u> Rge. <u>28</u>
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	Some Restr.	Lost. R.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			F.B.T.D.				
Elevations (DF, RKB, RT, CR, 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 top allowable 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/MCF	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.

(Signature)

Agent

(Title)

6-10-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 22 1976 , 19

BY W. A. Gressett
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 or non-completed 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.

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