

FILE 4
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

RECEIVED

APR 15 1976

I. Operator
D. R. Clary
Address
P O Box 1267 Odessa, Texas 79760

O. C. C.
ARTESIA OFFICE

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 Paul Slayton, P O Box 1936, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brainard Tr 4	Well No. 6	Pool Name, Including Formation Turkey Track Queen Grayburg	Kind of Lease State, Federal or Fee FEd I C	Lease No. 062029
Location Unit Letter J : 2204 Feet From The South Line and 2310 Feet From The East Line of Section 34 Township 18 Range 29 , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refg. Co., Pipeline Division	Address (Give address to which approved copy of this form is to be sent) No Freeman Ave, Artesia, N Mex 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 K	Sec. 34
	Twp. 18	Rge. 29
	Is gas actually connected? No	
	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'y.	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 top oil 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.

Ruby Wickersham
(Signature)

Secretary

(Title)

April 8, 1976

(Date)

OIL CONSERVATION COMMISSION

JUN 2 1976

APPROVED

BY

W. A. Gussert
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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.