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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-101 and O-112
Effective 1-1-65

RECEIVED

MAR 28 1976

I. Operator
Delmer W. Barry
Address
1503 Sears, Avenue, Artesia, New Mexico 88210
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner **D & E Well Service, 104 Hermosa Drive, Artesia, New Mexico**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Toomey Allen** Well No. **8** Block Name, including Formation **Artesia, Queen Grayburg San Andres** Kind of Lease **State** Lease No. **647**
Location
Unit Letter **D** **S11 SE 785** Feet From The **South** Line and **11693** Feet From The **East** Line
Line of Section **28** Township **18** Range **28** N.M.P.M. **New Mexico** **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Refining Co. Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company **501 East Main, Artesia, New Mexico**
Name of Authorized Transporter of Casinghead 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 **J** Sec. **28** Twp. **18** Rge. **28** 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)
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 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/MMCF 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)
6-18-76
(Date)
OIL CONSERVATION COMMISSION
APPROVED **MAR 29 1976**, 19
BY **W. A. Grossett**
TITLE **SUPERVISOR, DISTRICT 1**
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or despoiled 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 change of owner, well name or number, or transporter or other such change of condition.

SECRET

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• THE 1910-1911 SEASON