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Appropriate District Office
DISTRICT 1
2.0. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme Form C-104
Revised 1-1-89
RECEIVE See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

FEB 15'89

OOO Rio Brazos Rd., Aztec, NM 87410	REQUI	FST FO	R ALI	OWAB	LE AND	AUTHORIZ	ZATION	Ο	C. O.		
REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS							S	ARTESIA, OFFICE			
Operator	/						Well A	LPI No.			
Kersey & Company	y V					<u> </u>					
P.O. Box 316, A	rtesia,	NM 882	211-0)316		- /Dl					
Reason(s) for Filing (Check proper box)		C:- 1	·	an of:		er (Please expla	in)				
New Well	Oil	Change in T	ransport Dry Gas	,							
Recompletion	Casinghead		Condens:								
Calaboration and a second					A h	nother T	V 70011				
II. DESCRIPTION OF WELL				IALJA		nathy, T	x 79311				
Lease Name Thompson	O Well No		Pool Nar	ne, Includi	ng Formation			Kind of Lease State, Federallon Bee		Lease No. B-4109	
Location					-					······································	
Unit Letter B	: 330 Feet		Feet From	m The No	orth Line and 1980		³⁰ F	Feet From The		East Line	
Section 36 Township	17		Range	31	, NI	мрм,		Eddy	7	County	
III. DESIGNATION OF TRANS	SPORTE	R OF OIL	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil Navajo Refining Co. Or Condensate					Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco					Address (Give address to which approved copy of this form is to be sent) P.O. Box 431, Midland, TX 79701						
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 36	Twp.	Rge. 31.	ls gas actuali	y connected?	When	?	·.		
f this production is commingled with that f	rom any othe	r lease or p	ool, give	commingl	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
					Total Depth P.B				1	1	
Date Spudded Date Compl. Ready to Prod. 4-2-64					3990)					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Grayburg					Top Oil/Gas			Tubing Depth			
					3921			3921			
Perforations								Depth Casin	19 Shoe 4042		
TUBING, CASING AND					CEMENTI		D				
			IG & TUBING SIZE			DEPTH SET		250 P		ENT	
	8 5/		24#		1041 4042			100		Part 110-3	
	4 1/2"		9.5#		4042			100		3-3-89	
									CALL	2 - 4	
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1			<u> </u>	1.T'	PER	
OIL WELL (Test must be after re	ecovery of tol	al volume o	f load of	il and must	be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, pi					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
		16			ļ			<u></u>			
GAS WELL Actual Prod. Test - MCF/D	I anoth of T	Cast			Bbls. Conder	sate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCP/D	Length of Test							•			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regular	ations of the that the information	Oil Conserv	ation ·		1	•••				· ·	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	e Approve	d	FEB 2	FEB 2 8 1989		
11 06.1	100					• •		,			
Harold Kerry					Original Signed By By Mike Williams						
Signature		/1			11 -,	-	148Y	A & 4 1 I I GEL 19			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Kersey & Company

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Owner Tide

505-746-3671

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.