

OIL CONSERVATION DIVISION

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

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

MAY 16 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA OFFICE

Operator Kersey & Company	Well API No.
Address P.O. Box 316, Artesia, NM 88211-0316	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thompson A	Well No. 2	Pool Name, Including Formation Maljamar, GB-SA	Kind of Lease State Federal or Fee	Lease No. B-4109
Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line Section 36 Township 17 Range 31, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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
	Twps. 17	Rge. 31
	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 6-17-64		Total Depth 4031		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Graybrug		Top Oil/Gas Pay 3916		Tubing Depth 3916			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8 28#		1040		250 Post ID-3			
	4 1/2 10.5#		4029		150 5-19-89			
					chgt. NRC			

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 Tank	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. 44	Water - Bbls. 4	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. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Harold Kersey  
Kersey & Company Owner  
Printed Name Title  
May 15, 1989 505-746-3671  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 16 1989

By Original Signed By  
Mike Williams

Title

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.