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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-110

Effective 1-1-65

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MAR 5 1973

O. C. C.

ARTESIA, OFFICE

Operator <b>R. Q. Silverthorne</b>	
Address <b>P.O. Box 498, Artesia, New Mexico 88210</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Keinath</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Shugart Grayburg</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>NM-01375</b>
Location <b>K 2310 XXXX So. XXXXX West</b>				
Unit Letter <b>K</b> ; <b>2310</b> Feet From The <b>XXXX</b> Line and <b>XXXX</b> Feet From The <b>West</b>				
Line of Section <b>25</b> Township <b>18S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>N</b> Sec <b>25</b> Twp <b>18S</b> Rng <b>30E</b>	Is gas actually connected? <b>yes</b> When <b>2-15-73</b>

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>12-8-72</b>	Date Compl. Ready to Prod. <b>2-15-73</b>		Total Depth <b>3650</b>		P.B.T.D. <b>3610</b>			
Elevations (DE, RKB, RT, GR, etc.) <b>3535 Gr.</b>	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>3553</b>		Tubing Depth <b>3600</b>			
Perforations <b>11-shots 3553 - 3580 11 shots 3290-3398</b>					Depth Casing Shoe <b>3610</b>			
TUBING, CASING, AND CEMENTING RECORD								
<b>15"</b> HOLE SIZE	CASING & TUBING SIZE <b>12 1/4"</b>		DEPTH SET <b>40</b>		SACKS CEMENT			
<b>11"</b>	<b>8 5/8"</b>		<b>823</b>		<b>200</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>3650</b>		<b>450</b>			
	<b>2"</b>		<b>3610</b>					

## 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 <b>2-15-73</b>	Date of Test <b>2-20-73</b>	Producing Method ( <del>Flow</del> , pump, <del>sea lift</del> , etc.) <b>HYDRAULIC Producing</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure <b>50</b>	Choke Size
Actual Prod. During Test <b>105</b>	Oil-Bbls. <b>100</b>	Water-Bbls. <b>5</b>	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.

*Nancy Ding*  
Agent (Signature)

(Title)

## OIL CONSERVATION COMMISSION

MAR 5 1973

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *W. A. Gressett*TITLE **OIL AND GAS INSPECTOR**

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 allow-