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STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator <u>Kersey & Company</u>		Well API No. <u>30-015-23165</u>
Address <u>P.O. Box 316 Artesia N.M. 88211</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> *WELL NAME CHANGE FROM ST. COM 30 #1		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Red Lake Sand Unit - P. 1st</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Red Lake QW, Grayburg, S. A.</u>	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee	Lease No. <u>BS 984</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>840</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>17 S</u> Range <u>28 E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>Artesia</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Enron Gas Processing</u>	Address (Give address to which approved copy of this form is to be sent) <u>4000 N. Big Spring Suite 400, Midland TX 79701</u>	
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>29</u> Twp. <u>17 S</u> Rge. <u>28 E</u>	Is gas actually connected? <u>yes</u>	When? <u>Sept 1, 1993</u>

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>Sept. 7, 1993</u>		Total Depth		P.B.T.D. <u>1942</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Grayburg - Premier</u>		Top Oil/Gas Pay <u>1705</u>		Tubing Depth <u>1680</u>			
Perforations <u>1705, 06, 07, 08, 73, 74, 75, 76, 78, 95, 96, 97, 98</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE <u>8 5/8</u>		DEPTH SET <u>1990</u>		SACKS CEMENT <u>Post EO-3</u> <u>12-17-93</u> <u>shy be name</u>			

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 <u>Sept 10, 1993</u>	Date of Test <u>Sept. 18</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure <u>140 psi</u>	Choke Size
Actual Prod. During Test <u>25</u>	Oil - Bbls. <u>10</u>	Water - Bbls. <u>15</u>	Gas - MCF <u>20</u>

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.

Kenneth R Wade
Signature
Kenneth R Wade Prod. Supt
Printed Name
9-23-93 505 748-3433
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 26 1993

By M. H. Walker

Title SUPERVISOR, DISTRICT II

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