

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		✓
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

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

RECEIVED

JUN 2 1980

O. C. D.

ARTESIA, OFFICE

Operator Kenai Oil and Gas Inc.	
Address Suite 1001 Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED WELLS 8-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name Cobb-Federal		1	Artesia Metex	State, Federal or Fee Federal	NM-13987
Location					
Unit Letter A		990	Feet From The North	Line and 330	Feet From The East
Line of Section 22	Township 18S	Range 27E	NMPM, Eddy		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Drawer 175, Artesia, N. M. 88210				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
None						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22	Twp. 18	Rge. 27	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded 3-5-80	Date Compl. Ready to Prod. 4-25-80	Total Depth 2300'		P.B.T.D. 2300'					
Elevations (DF, RKB, RT, GR, etc.) 3451.9 GL	Name of Producing Formation Artesia Metex	Top Oil/Gas Pay 1710'		Tubing Depth 2035'					
Perforations 1710-36, 1777-83 1814-46 1860-80 1996-98		Depth Casing Shoe 2300							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
11"	8-5/8"	455'		250					
7-7/8"	4-1/2"	2300'		600 700					
-	2" tbg.	2035'		-					

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 4-18-80	Date of Test 4-25-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 8 bbls	Oil-Bbls. 8	Water-Bbls. 20	Gas-MCF TSTM

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)		

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.

Lorraine Maroney
(Signature)
Drilling and Production Assistant
(Title)
5-3-80
(Date)

OIL CONSERVATION COMMISSION
JUN 10 1980
APPROVED
BY W. A. Gressitt
SUPERVISOR, DISTRICT II
TITLE

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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply