

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAY 11 1983

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator

Delmer W. Berry ✓

O. C. D.
ARTESIA, OFFICE

Address 2401 Loma Drive Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Toomey Allen	Well No. #17	Pool Name, including Formation Artesia-Q-Gr-SA	Kind of Lease State, Federal or Fee	State	Lease No. OG-647
Location					
Unit Letter 0 : 330' Feet From The South Line and 1650' Feet From The East					
Line of Section 28 Township 18s Range 28e, NMPM, Eddy County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Pipeline Division	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 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)				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28	Twp. 18s	Rge. 28e	Is gas actually connected? When No

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-2-83	Date Compl. Ready to Prod. 4-22-83		Total Depth 2850'			P.B.T.D. 2846'		
Elevations (DF, RKB, RT, GR, etc.) 3550.9' GR	Name of Producing Formation Artesia-Q-Gr-SA		Top Oil/Gas Pay 2050			Tubing Depth 2200'		
Perforations 2050', 2052', 2054', 2056', 2058', 2062', 64', 66', 68', 70', 2072'						Depth Casing Shoe 2850'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 24#		550'		350 sxs Class "C"			
7 7/8	5 1/2, 15.5#		2850'		250 sxs Hall-Lite & 300 sxs Class "C"			
	2 3/8		2200'					

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 4-22-83	Date of Test 5-3-83	Producing Method (Flow, pump, gas lift, etc.) Pumping		Choke Size Post ED 2 5-13-83 Camp & BK
Length of Test 24'	Tubing Pressure	Casing Pressure		
Actual Prod. During Test 30	Oil-Bbls. 30	Water-Bbls. None	Gas-MCF TSTM	

GAS WELL

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

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.

Leslie A. Clements
(Signature)Agent
(Title)May 10, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 13 1983, 19

Original Signed By
BY Leslie A. Clements

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 calculation 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.