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TRANSPORTER	OIL	1
	GAS	
OPERATOR		
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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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OCT 31 1974

I.

Operator R. Q. Silverthorne		O. C. C. ARTESIA, OFFICE	
Address P.O. Box 385, Artesia, New Mexico 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	This is a re-entry	
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 Kenwood Federal	Well No. 5	Pool Name, Including Formation Shugart	Kind of Lease State, Federal or Fee Federal	Lease No. L0029387d
Location Unit Letter K ; 2160 Feet From The West Line and 2310 Feet From The South Line of Section 30 Township 18S Range 31R , 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"/> EMERY Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701	
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 2160	Sec. 30
	Twp. 18S	Rge. 31R
	Is gas actually connected? No	
	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 <input type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 10-20-74	Total Depth 3755	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3595 Gr.	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3595'	Tubing Depth 3595'					
Perforations 3574-82, 3497-3504 1 shot per foot	Depth Casing Shoe 3520'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11	8 5/8"	201'	50					
8	5 1/2"	3755'	250					
	2"	3520						

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 10-15-74	Date of Test 10-19 & 20 - 74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 48	Tubing Pressure 20	Casing Pressure -0-	Choke Size
Actual Prod. During Test 295	Oil - Bbls. 45	Water - Bbls. 240	Gas - MCF None

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 King
(Signature)
Agent
(Title)

OIL CONSERVATION COMMISSION
APPROVED **NOV 1 1974**, 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 allowable to be completed.