

DISTRICT	6
COUNTY	1
FILE	1
DATE	
OFFICE	
TRANSPORTER	OIL 1 GAS 2
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
Supersedes O-100 and O-101
Effective 1-1-65

RECEIVED

JUL 1 1976

O. C. C.
ARTESIA OFFICE

Operator: R. C. Bennett & J. C. Ryan

Address:

P. O. Box 264, Midland, Texas 79701

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Incompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

X

If change of ownership, give name and address of previous owner

C-5456 6-19-77

II. DESIGNATION OF WELL AND LEASE

Winchester - Upper Pennsylvanian

Lessee Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Exxon-State	1	Wildcat, Upper Penn	State, Federal or Fee	E-5073

Location:

Unit Letter N ; 1980 Feet From The West Line and 660 Feet From The South

Section 25 Township 19S Range 28E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil or Condensate

Address (state address to which approved copy of this form is to be sent)

Navajo Crude Oil Purchasing Co.

N. Freeman, Artesia, New Mexico

Phillips Petroleum Co. -- low pressure -- separator gas
El Paso Natural Gas Co. -- high pressure -- dry gas

Address (state address to which approved copy of this form is to be sent)
5 B4 Phillips Building, Bartlesville, Oklahoma 74004
P. O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.

Unit Sec. Twp. Rge.
N 25 19 28

Is unit actually connected?

yes

When

11/13/75

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	Gas Well	New Well	Workover	Deepen	Plug Back	Side Track
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Conditions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Open				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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. 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.



(Signature)

Partner

(Title)

June 30, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1976

BY 

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 10.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of all test results taken on the well in accordance with RULE 10.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition.