

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

Form O-104
Supersedes O-103 and O-102
Effective 1-1-69

JUL 1 1976

LAND OFFICE		FILE	1
U.S.G.S.		1	
LAND OFFICE		1	
TRANSPORTER	OIL	1	
	GAS	2	
OPERATOR		1	
PRORATION OFFICE		1	

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

Address
P. O. Box 264, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name and address of previous owner

P-5456
6-14-77

Winchester Upper Pennsylvanian

O. C. C.
ARTESIA, OFFICE

II. DESIGNATION OF WELL AND LEASE

Lease Name Exxon-State	Well No. 2	Pool Name, including Formation Upper Penn (Cisco)	Kind of Lease State, Federal or Fee State	E-5073
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 25 Township 19S Range 28E N.M.P.M. Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit F Sec. 25 Twp. 19 Rge. 28	Is gas actually connected? yes When 3/22/76

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Scale hole	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					
POSTED PID 3 6-30-76								

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	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 (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.

[Signature]
(Signature)
Partner
(Title)
June 30, 1976
(Date)

OIL CONSERVATION COMMISSION
JUL 1 1976
APPROVED _____, 19____
BY *[Signature]*
TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the well logs 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 ownership, well name or number, or transporter, or other such change of condition.