

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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-11
Effective 1-1-65

RECEIVED

MAR 22 1976

I.

Operator R. C. Bennett & J. C. Ryan ✓	
Address P. O. Box 264, Midland, Texas 79701	
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 checked="" type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon-State	Well No. 2	Pool Name, Including Formation Wildcat, Morrow	Kind of Lease State, Federal or Fee	Lease No. 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	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Box 174, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit F
	Sec. 25
	Twp. 19S
	Rge. 28E
	Is gas actually connected? No
	When 3-19-76

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	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 12/16/75	Date Compl. Ready to Prod. 2/1/76	Total Depth 11,375	P.B.T.D. 11,340					
Elevations (DF, RKB, RT, GR, etc.) 3362.8 KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,192	Tubing Depth 11,217.16					
Perforations 11,192--11,197: 20 shots, 1/2"			Depth Casing Shoe 11,375					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/8"	13 3/8"	350'	445 sx Class "C"					
11 "	8 5/8"	2500'	700 sx Lite, 300 sx Class C					
	5 1/2"	10746.01'						
7 7/8"	5 1/2"	11370' (629.99)	600 sx Class "H"					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

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 1,731	Length of Test 4 hr	Bbls. Condensate/MMCF none	Gravity of Condensate NA
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) NA	Casing Pressure (Shut-in) 2620	Choke Size 1"

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)

March 22, 1976

(Date)

OIL CONSERVATION COMMISSION

MAR 25 1976

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

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.