

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		ON	
STATE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRODUCTION OFFICE					

RECEIVED BY
AUTHORIZATION TO
JUL -7 1986
O. C. D.
ARTESIA, OFFICE

Operator	
R. C. Bennett Company	
Address	
P. O. Box 264; Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New	Change in Transporter of:
Recompletion	Oil
Change in ownership	Casinghead Gas
	Dry Gas
	Condensate

If change of ownership give name and address of previous owner R. C. Bennett & J. C. Ryan

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

Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Co.		<input checked="" type="checkbox"/>		P.O. Drawer 175; Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas-high pressure-dry Gas		<input checked="" type="checkbox"/>		P. O. Box 1492; El Paso, TX 79978	
Phillips 66 Natural Gas-low Pressure separator		<input checked="" type="checkbox"/>		7 1/2 E. Wing FID, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.				yes 03-22-76	

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	Stim. Treatment	Other
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (T.F., F.A.M., RT, CR, etc.)		Name of Producing Formation		Top Oil, Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			10-10-86
			alg. sp. name

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 100% of 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

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.

R. C. Bennett
(Signature)
R. C. Bennett, Owner
(Title)
June 30, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1986, 19

BY Les A. Clements
Original Signed By
Supervisor District II

TITLE Supervisor District II

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

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 change of ownership, well name or number, or transporter, or other such change of information.