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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
**RECEIVED**  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
SEP - 2 1976

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

D. C. C.  
ARTESIA, OFFICE

Operator <u>A. H. RAINS</u>	
Address <u>P.O. Box 927 CARLSBAD, NEW MEXICO 88220</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<u>CHANGE FROM PURE STATE TO EXXON STATE</u>	

If change of ownership give name and address of previous owner EVERETT D. BURGETT

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name <u>EXXON</u>	Well No. <u>1</u>	Pool Name, including Formation <u>MAGRUDER YATES</u>	State, Federal or Foreign <u>E2597</u>
Location <u>PURE STATE</u>			
Unit Letter <u>J</u>	<u>1650</u>	Feet From The <u>SOUTH</u> Line and <u>1650</u>	Feet From The <u>EAST</u>
Line of Section <u>15</u>	Township <u>21S</u>	Range <u>27E</u>	NMPM, <u>EDDY</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>YAVAJO CRUDE OIL PURCHASING COMPANY</u>	<u>P.O. DRAWER 175 ARTESIA, N.M. 88210</u>	
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 <u>J</u>	Sec. <u>15</u>	Twp. <u>21</u>
		Rge. <u>27</u>	Is gas actually connected? <input type="checkbox"/> When

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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				

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
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.

A. H. Rains  
(Signature)  
OPERATOR  
(Title)  
9-2-76  
(Date)

OIL CONSERVATION COMMISSION SEP 8 1976	
APPROVED	19
BY <u>W. A. Gressett</u>	
SUPERVISOR, DISTRICT I	
TITLE	

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.