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

SEP - 2 1976

TA

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

Operator <b>A.H. RAINS</b>		ARTESIA, OFFICE	
Address <b>Box 921 CARLSBAD NEW MEXICO 88220</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	CHANGE FROM PURE STATE TO	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	EXXON STATE	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	CONDENSATE <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name <b>PENIX STATE</b>	Well No. <b>2</b>	Pool Name, including Formation <b>MAGRUDER YATES</b>	Kind of Lease State, Federal or Fee
Location		Lease No. <b>E2599</b>	
Unit Letter <b>J</b> ; <b>1450</b> Feet From The <b>SOUTH</b> Line and <b>2310</b> Feet From The <b>EAST</b>			
Line of Section <b>15</b> Township <b>21S</b> Range <b>27E</b> , NMPM, <b>EDDY</b>		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"/>	<b>CRUDE</b>		
<b>NAVAJO OIL PURCHASING COMPANY</b>		<b>P.O. DRAWER 175 ARTESIA, N.M. 88218</b>	
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 <b>J</b>	Sec. <b>15</b>	Twp. <b>21</b>
		Rge. <b>27</b>	Is gas actually connected? When

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

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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	Casing Pressure (shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)				

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

APPROVED **SEP 8 1976**, 19

BY **W.A. Gressett**  
SUPERVISOR, DISTRICT II

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.