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

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

SEP - 2 1976

O. C. C.  
ARTESIA, OFFICE

Operator <b>A.H. RAINS</b>	
Address <b>Box 927 CARLSBAD, NEW MEXICO 88220</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>
Other (Please explain) <b>CHANGE FROM PURE STATE TO EXXON STATE</b>	

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

DESCRIPTION OF WELL AND LEASE	
Lease No. <b>STATE</b>	Well No. <b>3</b>
Pool Name, including Formation <b>MAGRUDER YATES</b>	
Kind of Lease State, Federal or Free	
Lease No. <b>2597</b>	
Location	
Unit Letter <b>0</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>1980</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	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>NAVAJO CRUDE OIL PURCHASING COMPANY</b>	<b>PO BOX 175 ARTESIA, N.M. 88210</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 Sec. Twp. Rge.
	<b>J 15 21 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)	
<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well
<input type="checkbox"/> New Well	<input type="checkbox"/> Workover
<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back
<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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	
Actual Prod. Test - MCF/D	Length of Test
Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.	
<b>A.H. Rains</b> (Signature) <b>OPERATOR</b> (Title) <b>9-2-76</b> (Date)	

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