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GAS	
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form 10-104
Supersedes Old Form 10-104
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL -7 1986

O. C. D.

PRODUCTION OFFICE

Operator

R. C. Bennett Company

Address

P. O. Box 264; Midland, Texas 79702

Reasons for filing of this form are:

Other (Please explain)

☐
☐
☒

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

If change of owner, give name and address of previous owner:

R. C. Bennett & J. C. Ryan

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tracy Fairway Com.	1	Burton Flat and Morrow	State, Federal or Fee Fee	
Location				
Unit Letter	L	1980 Feet From The South	Line and 942	Feet From The West
Line of Section	32	Township 21S	Range 27E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company	☒	P. O. Box 175; Artesia, New Mexico 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	☒	P. O. Box 1492; El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	When
	L	32	21	27	11-15-76

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 as last
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevation (ft., KRB, M., GR, etc.)	Name of Producing Formation		Top of Oil Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					Post ID-3		
					9-12-86		
					chg op name		

V. 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 more than allowable for this depth or be for full 24 hours)

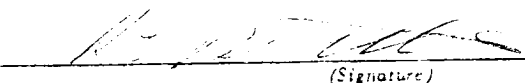
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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)

R. C. Bennett, Owner

June 30, 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 11 1986
Original Signed By
BY Jos A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 111.1.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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.