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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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FEB 19 1982

O. C. D.

ARTESIA, OFFICE

Operator Delta Drilling Company	
Address 3100-C North "A" Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-82 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brantley Com	Well No. 1	Pool Name, including Formation (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter N ; 554 Feet From The S Line and 1874 Feet From The W Line of Section 23 Township 23S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 23	Twp. 23S	Rge. 28E	Is gas actually connected? No Yes	When 5-12-82

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/22/81	Date Compl. Ready to Prod. 11/10/81		Total Depth 7508'		P.B.T.D. 7431'			
Elevations (DF, RKB, RT, GR, etc.) 3004.3' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6250'		Tubing Depth 7344'			
Perforations 6358, 60, 65, 67, 72, 6406, 10, 6623, 34, 37, 6889, 6897, 6905, 25, 36, 65, 76, 95, 7007, 7020, 7028' (21 holes)					Depth Casing Shoe 7470'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11 "	8 5/8"		500'		550 sx HLC & C			
7 7/8"	5 1/2"		7470'		2550 sx HLC & C			

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 exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 11/10/81	Date of Test 1/5/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 88	Gas - MCF 63

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)  
Production Engineer  
(Title)  
18 February 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 22 1982  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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.