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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

JAN 22 91

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator R. C. Bennett Company	Well API No.
Address P. O. Box 264, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	
CACINGHEAD GAS MUST NOT BE PLACED AFTER 2/15/91 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name KIDD	Well No. 1	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line Section 15 Township 23S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit G Sec. 15 Twp. 23S Rge. 28E
Is gas actually connected?	When? About 7 days

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-20-90	Date Compl. Ready to Prod. 01-10-91	Total Depth 6400'	P.B.T.D. 6359'					
Elevations (DF, RKB, RT, GR, etc.) 2989 (GR)	Name of Producing Formation Delaware	Top Oil/Gas Pay 6031'	Tubing Depth 5973'					
Perforations 6056, 6063, 6068, 6092, 6096, 6098, 6099 and 6100 to 6112			Depth Casing Shoe 6400					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 525		SACKS CEMENT 325 Post ID-2			
7 7/8"	5 1/2"		6400		1175 2-8-91			
	2 7/8 EUE Tubing		5973		Camp 4 BK			

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 Tank 01-10-91	Date of Test 01-16-91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 465 psi	Casing Pressure Packer	Choke Size 18/64
Actual Prod. During Test 360	Oil - Bbls. 350	Water - Bbls. 10	Gas - MCF GOR 311 888:1

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Leah D. Spears Agent  
Printed Name Title  
01-18-91 (915) 683-3062  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, etc.