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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

I. **OWNER**

Name: Claude C. Kennedy

Address: 1249 Chaco Avenue, Farmington, New Mexico

Reason(s) for filing (Check proper box):

Change of ownership	<input type="checkbox"/>	Change in transporter of:		Other (Please explain)
Transportation	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	EFFECTIVE MARCH 1, 1967
Change in ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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

Well Name	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Deb	2-X Wildcat-Dakota	State, Federal or Fee	
Section	36	Line and	700
Quarter	P	Feet From The	South
	330	Feet From The	East
Line of Section	36	Township	30N
		Range	17W
		County	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name	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)
	THE PERMIAN CORPORATION	P. O. Box 3119, Midland, Texas-79701
Name	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)

Is well producing oil or liquids, or production of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
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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 Depth	Full Resist.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (DF, RKB, RT, GR, etc.)	None of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Remarks						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Time 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 (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.

Original Signed By:
CLAUDE C. KENNEDY

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1967
BY Original Signature
TITLE SUPERVISOR

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.