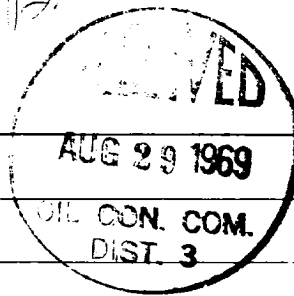


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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



I. Operator **Claude C. Kennedy**  
Address **1249 Chaco Ave. Farmington, New Mexico 87401**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **14-20-603-2027**  
Lease Name **Deb** Well No. **37** Pool Name, including Formation **Slick Rock Dakota** Kind of Lease **Native** Lease No. **14-20-603-2027**  
Location **Unit Letter A ; 1155 Feet From The North Line and 765 Feet From The East**  
Line of Section **36** Township **30 North** Range **17 West** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent) **Box 3119 Midland, Texas 79701**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 **H** Sec. **36** Twp. **30N** Rge. **17W** Is gas actually connected? When

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 Res'v. ☐ Diff. Res'v. ☐  
Date Spudded **7-28-69** Date Compl. Ready to Prod. **8-24-69** Total Depth **906** P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) **5070 Gr.** Name of Producing Formation **Dakota** Top Oil/Gas Pay **893** Tubing Depth **2 3/8 @ 897**  
Perforations **Open hole 893-906** Depth Casing Shoe **893**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**9 7 25 5**  
**6 1/2 4 1/2 893 20**

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 **8-24-69** Date of Test **8-25-69** Producing Method (Flow, pump, gas lift, etc.) **Flow**  
Length of Test **24 Hrs.** Tubing Pressure **0** Casing Pressure **0** Choke Size **2 3/8**  
Actual Prod. During Test **11** Oil-Bbls. **11** Water-Bbls. **0** Gas-MCF **TSTM**

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate **60**  
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)  
Operator  
(Title)  
**8-27-1969**  
(Date)  
OIL CONSERVATION COMMISSION  
**AUG 29 1969**  
APPROVED  
BY **Original Signed by Emery C. Arnold**  
SUPERVISOR DIST. **3**  
TITLE  
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.