

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Kennedy & Mitchell, Inc.

Address: P. O. Box 27D Denver, CO 80227

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

WARNING: CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/11/82 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tilley 758 758	Well No. 758	Pool Name, Including Formation Shoobar (Devonian)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	C	330'	Feet From The	North	Line and
					2,310'
					Feet From The
					West
Line of Section	35	Township	16S	Range	35E
					, NMPM, Lea
					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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas - New Mexico Pipe Line Co.	Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	P. O. Box 1150, Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 35 16S 35E No June 25, 1982

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 <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 <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3/10/82			13,440'		12,700'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3,980' GL	Devonian		12,512		12,450'			
Perforations					Depth Casing Shoe			
12,512'-524'					13,440'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13-3/8"		360'		375			
12 1/2"	8-5/8"		4,878'		2,900			
7-7/8"	5-1/2"		13,440'		800			
	2-3/8"		12,450'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/10/82	6/10/82	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	550'	Packer	12/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
240	240	31	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert A. Baker
(Signature)
Engineer
(Title)
June 11, 1982
(Date)

OIL CONSERVATION DIVISION
JUL 19 1982
APPROVED _____, 19____
BY Les Clements
Oil & Gas Insp.
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 deviated 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 multiple completed wells.