

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

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	GAS 1
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REQUEST FOR ALLOWABLE  
AND RECEIVED  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUN 17 1982

Flynn And Denton Company ✓

Address: Box 1345, Artesia, New Mexico 88210 O. C. D. ARTESIA OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas

Well Completion  Casinghead Gas  Condensate

Change in Ownership

Change of ownership give name: Flynn Oilfield Service, Box 158, Loco Hills, New Mexico 88255  
Address of previous owner:

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Warren State	1	Millman Grayburg	State, Federal or Fee	E-1051

Location: Unit Letter E : 2310 Feet From The North Line and 330 Feet From The West

Line of Section 17 Township 19 S Range 28 E, NMPM, Eddy County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent)  
North Freeman Avenue, Artesia, New Mexico 8821

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	17	19S	28E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Deviations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Corrections: \_\_\_\_\_  
Depth Casing Shoe: \_\_\_\_\_

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE  
L 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.)	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

*Posted ID 33  
Chy in apu  
7-2-82*

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Sealing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

Ruby Parker  
(Signature)  
Agent  
(Title)  
6/16/82  
(Date)

OIL CONSERVATION DIVISION  
JUN 30 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W.A. Gussett  
SUPERVISOR, DISTRICT 4

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 multiple-completed wells.