

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

Form C-104
Superseded by OIL C-104 and C-105
Effective 1-1-65

RECEIVED

NOV 8 1976

DISTRIBUTION	
SANTA FE	/
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PROBATION OFFICE	

Operator
Deanie Lou ✓

O. C. C.
ARTESIA, OFFICE

Address
P.O. Box 804, Hobbs New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

A. D. Raby and James T. Raby, 1309 SE Main, Roswell NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name England Federal	Well No. 1	Pool Name, including Formation Linda San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. LC 06812
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 29 Township 6S Range 26E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, New Mexico 88210
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 N Soc. 29 Twp. 6S Rge. 26E Is gas actually connected? No 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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)

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

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

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.

James E. Sealy
(Signature)
Co-Owner
(Title)
10-29-76
(Date)

OIL CONSERVATION COMMISSION

JAN 10 1977

APPROVED _____, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with our rules.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of test deviation tests taken on the well in accordance with RULE III.

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

Fill out only Partitions I, II, III, and VI for change of owner, well name or number, or transporter or other such change or condition.