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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

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MAY 15 1967

C. O. D.
ARTESIA, OFFICE

Operator Ray Smith Drilling Company	
Address 3300 Republic Bank Building, Dallas, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in name of Operator only from Ray Smith, effective May 1, 1967.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
Change in operating name only (same ownership).

II. DESCRIPTION OF WELL AND LEASE

Lease Name England-Federal	Well No. 2	Pool Name, including Formation Linda San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM-068127
Location Unit Letter: H, 1,980 Feet From The N Line and 660 Feet From The E Line of Section 30 Township 6S Range 26E, NMPM, Chaves 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas					
Name of 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)					
If well produces oil or liquids, give location of tanks.	Unit HN	Sec. 30	Twp. 6	Rge. 26	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)

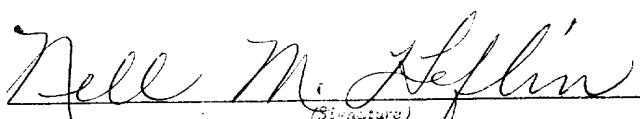
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

1. 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.



Nell M. Heflin, Agent

(Title)

May 12, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 15 1967, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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.

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OPERATOR		3

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Ray Smith				Lease England Federal		Well No. 2	
Unit Letter H	Section 30	Township 6	Range 26	County Chaves			
Pool Linda San Andres				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter H N	Section 30 29	Township 6	Range 26	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

Gas TSM

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below) ☒
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

Placed in Linda San Andres Pool effective 12/1/63 by OCC Order K-2781

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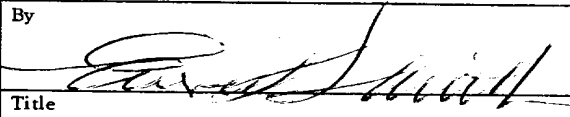
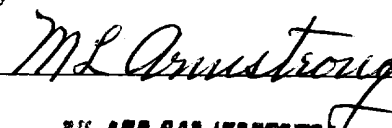
Remarks

OCT 28 1964

O. C. C.
ARTESIA, OFFICE

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **28th** day of **October**, 19**64**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title Agent	
Title OIL AND GAS INSPECTOR	Company Ray Smith	
Date OCT 28 1964	Address Box 953, Midland, Texas	