

DISTRIBUTION	
ARTAS FC	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRODUCTION OFFICE	

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

NOV 8 1976

Form O-104
Supersedes O-104 and O-110
Effective 1-1-65

Operator Deanie Lou		O. C. C. ARTESIA OFFICE	
Address P.O. Box 804 Hobbs New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

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. 2	Pool Name, including Formation Linda San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. LCo68127
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>6S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> 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	Sec. 29
	Twp. 6S	Rge. 26E
	Is gas actually connected? <u>NO</u> 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	Stim. Resv.	Prod. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Testing 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 lost 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

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.

James E. Raby
(Signature)
Co-Owner

10-22-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 10 1977, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT I

This form is to be filed in compliance with RULE 1124.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the bottom hole 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.