

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 27 1982

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DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	
PRORATION OFFICE		

I. Operator
~~U-MEX PRODUCTION~~ *Imray Inc.* O. C. D.
Address
PO Drawer 1517, Roswell, New Mexico 88201
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)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-1-82
UNLESS AN EXCEPTION TO Rule 30-6
IS OBTAINED

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cannon Fee	Well No. 2-Y	Pool Name, including Formation W. Bitter Lakes, San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>358</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>10-S</u> Range <u>25-E</u> , NMPM, <u>Chaves</u> 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) PO Drawer 159, Artesia, New Mexico 88102
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 <u>A</u> Sec. <u>17</u> Twp. <u>10S</u> Rge. <u>25E</u> 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-21-81	Date Compl. Ready to Prod. 4-1-82	Total Depth 865'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3519.75 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 760	Tubing Depth 810'					
Perforations Open hole 760-865			Depth Casing Shoe 760'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	csg. 8 5/8"	200'	250 sks. Class C 2% CaCl (circ)					
7 1/2"	csg. 7"	663'	220 sks. 50/50 Pos (circ)					
6 3/4"	csg. 4 1/2"	760'	100 sks. 50/50 Pos-150 sks					
	tbg. 2 3/8"	810'	Class C 2% CaCl (circ)					

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 4-3-82	Date of Test 4-4-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 1.5	Oil - Bbls. 1.5	Water - Bbls. 2	Gas - MCF -0-

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

I. 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.

Anita Fisk
(Signature)

Secretary

(Title)

May 26, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 28 1982, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.