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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-11  
Effective 1-1-65

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MAY - 6 1980

Operator <b>KERSEY &amp; COMPANY</b>		O. C. D. ARTESIA, OFFICE	
Address <b>P. O. Box 316, Artesia, New Mexico 88210</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: <input type="checkbox"/>	<b>Plug Back</b>	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <b>WELCH</b>	Well No. <b>12</b>	Pool Name, including Formation <b>East Empire Y. SR.</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-1111</b>
Location Unit Letter <b>D</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b>				
Line of Section <b>28</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>NAVAJO CRUDE OIL PURCHASING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 159, Artesia, New Mexico 88210</b>	
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 <b>D</b>	Sec. <b>28</b>
	Twp. <b>17</b>	Rge. <b>28</b>
	Is gas actually connected? <b>No</b>	
	When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <b>Jan. 17, 1980</b>	Date Compl. Ready to Prod. <b>April 30, 1980</b>		Total Depth <b>704</b>		P.B.T.D. <b>704</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <b>Seven Rivers</b>		Top Oil/Gas Pay <b>656</b>		Tubing Depth <b>630</b>			
Perforations <b>656', 2 holes - 666 - 72, 5 holes - 675 - 78, 4 holes</b>						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>8</b>	CASING & TUBING SIZE <b>7" &amp; 4" as per drawing</b>		DEPTH SET <b>704</b>		SACKS CEMENT <b>100</b>			
<b>10"</b>	<b>3 3/8"</b>		<b>451</b>		<b>50</b>			
<b>8</b>	<b>2"</b>		<b>1668</b>		<b>50</b>			

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 <b>May 1, 1980</b>	Date of Test <b>May 3, 1980</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 48 hrs.</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>-</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>10 20 Bbl.</b>	Oil-Bble. <b>10 20 Bbl.</b>	Water-Bble. <b>0</b>	Gas-MCF <b>Small amount</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	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.

**Harold Kersey**  
(Signature)  
**Operator**  
(Title)  
**May 5, 1980**  
(Date)

OIL CONSERVATION COMMISSION

MAY - 7 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Gessert**  
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 1101.  
All sections of this form must be filled out completely for allowable on new and recompletions wells.  
Fill out only Section I, IV, VI, and VII for change of owner, well name or number, or transporter or other such change of condition.