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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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I. Operator **Kennedy Oil Co., Inc.** ✓ **AUG 5 1971**

Address **Box 151 Artesia, New Mexico, C. C.**  
**ARTESIA, OFFICE**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>S.W. Henshaw Premier Unit</b>	Well No. <b>16</b>	Pool Name, Including Formation <b>Henshaw Grayburg, West</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>NM 0610</b>
Location Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>18</b> Township <b>16S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining Co. Pipeline Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>No. Freeman Artesia, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4th @ Washington Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>17</b>	Twp. <b>16</b>	Rge. <b>30</b>	Is gas actually connected? <b>yes</b>	When <b>7-60</b>

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 <b>X</b>	Gas Well	New Well <b>X</b>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>6/24/71</b>	Date Compl. Ready to Prod. <b>7/8/71</b>		Total Depth <b>2806 KB</b>		P.B.T.D. <b>2788 GR</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3761 GR</b>	Name of Producing Formation <b>Grayburg (Premier)</b>		Top Oil/Gas Pay <b>2737</b>		Tubing Depth <b>2650</b>			
Perforations <b>2737-2758 (11-.51 holes)</b>	<b>2737-39-43-44-45-50-51-52-55-56-57</b>		Depth Casing Shoe <b>2805</b>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17"</b>	<b>12 3/4" (New)</b>	<b>35'</b>	<b>1 1/2 yards</b>
<b>11"</b>	<b>8 5/8" (Used)</b>	<b>409'</b>	<b>115 ex.</b>
<b>7 7/8"</b>	<b>5 1/2" 14# J (Used)</b>	<b>2805' KB</b>	<b>350 ex.</b>

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 <b>7/28/71</b>	Date of Test <b>8/5/71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hr's.</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>30</b>	Choke Size <b>2"</b>
Actual Prod. During Test	Oil-Bbls. <b>23</b>	Water-Bbls. <b>200</b>	Gas-MCF <b>TSTM</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
(Signature)  
**Vice Pres.**  
(Title)  
**8/5/71**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **AUG 9 1971**, 19\_\_\_\_\_  
BY **W. A. Gressett**  
**OIL AND GAS INSPECTOR**  
TITLE \_\_\_\_\_

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.

## Kennedy Oil Company

— OIL PRODUCERS —

P. O. Box 151

Artesia, New Mexico

August 5, 1971

Kennedy Oil Co., Inc.  
S.W. Henshaw Premier Unit # 16  
NE/4 SE/4 Sec. 18, T-16S, R-30E NMPM  
Henshaw Grayburg, West Pool  
Eddy County, New Mexico

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AUG 5 1971

O. C. C.  
ARTESIA, OFFICEDEVIATION TEST RUNS

418'	3	Degree	
906'	3/4	"	
1334	1	"	
1833	1	"	
1964	1 1/4	"	
2344	1	"	
2806	1	"	T.D.

STATE OF NEW MEXICO )  
                              : ss.  
COUNTY OF EDDY )

The above deviation tests are true, accurate, and complete to the best of my knowledge.

The above statement was acknowledged before me this 5th day of August, 1971, by Robert B. Kennedy, Vice President of Kennedy Oil Company, a New Mexico Corporation, on behalf of said Corporation.

Peggy L. Bell  
Notary Public

My Commission Expires:

MY COMM. EXP. 1/27/72