

P O BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Contract	

Tipton & Denton

Address

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Region(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

011

Dry Gas

Effective 11/1/82

Change in Ownership

Casinghead Gas ☐

Condensate

If change of ownership give name
and address of previous owner _____

11. DESCRIPTION OF WELL AND LEASE

Lease Name Kemnitz L/WE East Unit	Well No. 5	Pool Name, including Formation Kemnitz L/WE	Kind of Lease State, Federal or Fee State	Lease No. E-7564
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 27 Township 16S Range 34E , NMPM, Lea County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> J M Petroleum Corporation					Address (Give address to which approved copy of this form is to be sent) 2000 North Tower Plaza of the Americas, Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.					Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 22	Twp. 16S	Rge. 34E	Is gas actually connected? Yes	When 9/8/64

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

LOGGING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

7. 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

A. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIG. SIGNATURE: [illegible]

(Signature)

Agent
Title

11/1/82

(b)(5) DPP

OIL CONSERVATION DIVISION

APPROVED NOV 3 1982, 19

BY _____ ORIGINAL SIGNED BY _____

JERRY SEXTON

TITLE _____ DISTRICT 1 SUPD

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 transportation, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple consolidated walls.