

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Kersey & Co.Address
P. O. Box 316, Artesia, N. M.

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Hoyer	Well No. 6	Pool Name, including Formation Maljamar Grayburg SA	Kind of Lease State, Federal or Fee	State	Lease No. B-4109
Location Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>17S</u> Range <u>32E</u> , NMPM, County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> TNM	Address (Give address to which approved copy of this form is to be sent) Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32
	Twp. 17	Rge. 32
	Is gas actually connected? No	
	When Soon	

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

III. 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 3-29-83	Date Compl. Ready to Prod. 4-22-83		Total Depth 4200		P.B.T.D. 3180			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation Premier - Grayburg		Top Oil/Gas Pay 3828'		Tubing Depth 3760'			
Perforations 3828-4038					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" 24#	967'	550 Sacks (circulated)
7 7/8"	*4 1/2" 11.6#	4200	1350 " DV Tool
*on 4 1/2 casing cement circulated when DV Tool opened and circulated 2170' Lynes Ecp Pac			
when plug dropped and cemented above DV Tool Under DV Tool			

IV. 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 April 2, 1983	Date of Test April 25, 1983	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 300 PSI	Casing Pressure Packer on tubing-no Pressure	Choke Size 1/4"
Actual Prod. During Test 165	Oil-Bbls. 160	Water-Bbls. 5	Gas-MCF not measured

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

V. 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.

Harold Kersey
(Signature)
Partner
(Title)
5-2-83
(Date)

OIL CONSERVATION DIVISION

MAY 4 1983

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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.

RECEIVED

MAY 3 1983

O.C.D.
HOBES OFFICE