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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator
Kennedy & Mitchell, Inc.

Address
P. O. Box 27D, Denver, CO 80227

Reason(s) for filing (Check proper box)

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

Other (Please explain) J.L. Davis acquired 50% interest in the Denton Plant & contracts J.L. Davis became operator of the plant effective 1/1/86 succeeding Tipperary Corporation. J.L. Davis is now considered the "purchaser".

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eidson #56-959	Well No. 1	Pool Name, including Formation N. Shoebar - Devonian	Kind of Lease State, Federal or Fee fee	Lease No. NA
Location Unit Letter C : 990 Feet From The North Line and 2310 Feet From The West Line of Section 15 Township 16S Range 35E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> UPG Falco, A Div. of UPG, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 20108, Shreveport, LA 71120
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J. L. Davis	Address (Give address to which approved copy of this form is to be sent) 211 North Colorado, Midland, TX 79701
If well produces oil or liquids, give location of tanks. Unit C Sec. 15 Twp. 16S Rge. 35E	Is gas actually connected? <input checked="" type="checkbox"/> yes 1/1/86 to J.L. Davis; 11/12/84 to Tipperary Corp

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded 3/18/84	Date Compl. Ready to Prod. 8/18/84	Total Depth 16,660'	P.B.T.D. 12,612'					
Elevations (DF, RKB, RT, GR, etc.) 3994' GL	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,449'	Tubing Depth 8011'					
Perforations 12,449; 12,501; 12,502; 12,504; 12,508; 12,511; 12,513; 12,514; 12,535; 12,536; 12,538; 12,540; 12,541; 12,543; 12,546, 15 holes total							Depth Casing Shoe	
1/2" jets TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8"	405'	400 sks					
12 1/4"	9-5/8"	4750'	1600 sks					
7-7/8"	5-1/2"	12,660'	1000 sks btm stage					
			1000 sks in DV @ 8749'					

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 all able 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/MCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jo Ann Butzen
(Signature)
Jo Ann Butzen, Production Secretary
(Title)
7/21/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 28 1986, 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 deviatric 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 multiple completed wells.

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JUL 28 1986
C.C.D.
HOBBS OFFICE