

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Kennedy & Mitchell, Inc.	
Address P. O. Box 27D, Denver, CO 80227	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Testing Allowable for <u>Aug. 1984</u> ; Well not completed yet <u>800 bbls.</u>	

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 <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>16S</u> Range <u>35E</u> , NMPM, Lea 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001					
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. Temporary	Unit C	Sec. 15	Twp. 16S	Rge. 35E	Is gas actually connected? no	When

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
WELL IS IN PROCESS OF COMPLETING									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks NA	Date of Test NA	Producing Method (Flow, pump, gas lift, etc.) Swabbing & Test Pumping	
Length of Test NA	Tubing Pressure NA	Casing Pressure NA	Choke Size --
Actual Prod. During Test NA	Oil - Bbls. NA	Water - Bbls. NA	Gas - MCF --

GAS WELL

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

Richard E. Fromm
(Signature)
Richard E. Fromm, Petroleum Engineer
(Title)
7/26/84
(Date)

OIL CONSERVATION DIVISION

AUG - 1 1984

APPROVED _____, 19____

BY ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR
DISTRICT 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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of conditiSeparate Forms C-104 must be filed for each pool in multi
completed wells.

