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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator
Kennedy Oil Co., Inc.

Address
Box 151 Artesia, New Mexico 88210

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

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE SLIPPED AFTER 2/10/76 EXCEPT BY EXCEPTION TO R-4070 IS OBTAINED.
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"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates State	Well No. 1	Pool Name, Including Formation Amont (Y-SR-Q)	Kind of Lease State, Federal or Fee State	Lease No. LA-714
Location Unit Letter I , 1980 Feet From The South Line and 660 Feet From The East Line of Section 31 Township 18S Range 37E , 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) No. Freeman Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 31	Twp. 18S	Rge. 37E	Is gas actually connected? No	When s/b Jan 1976

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/3/75	Date Compl. Ready to Prod. 12/10/75		Total Depth 4110		P.B.T.D. 4064			
Elevations (DF, RKB, RT, GR, etc.) 4064 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3902		Tubing Depth 3941			
Perforations 3902-10 32 (.60) holes					Depth Casing Shoe 4109			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 24# new		349'		250 sx. Circulated			
7 7/8"	5 1/2" 15.5# new		4109'		550 sx. Top 2626'			

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 12/10/75	Date of Test 12/18/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr's	Tubing Pressure pump	Casing Pressure 10	Choke Size
Actual Prod. During Test 12 bbl.	Oil-Bbls. 10	Water-Bbls. 2 Load water	Gas-MCF 71

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]
(Signature)

President

(Title)

12/29/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY *[Signature]*

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.