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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator Kennedy Oil Co., Inc.	
Address Box 151      Artesia, N.M.      88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name N.M. "AK" State	Well No. 2	Pool Name, including Formation Eumont Y-SR-Q	Kind of Lease State, Federal or Fee      State	Lease No. A-1320
Location				
Unit Letter      N	2310	Feet From The      West	Line and      330	Feet From The      South
Line of Section      32	Township      18S	Range      37E	NMPM,      Lea	County

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, N.M.      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, Okla.      74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 32	Twp. 18S	Rge. 37E	Is gas actually connected? yes	When 1956

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

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 10/9/79	Date Compl. Ready to Prod. 12/5/79		Total Depth 4019		P.B.T.D. 3928			
Elevations (DF, RKB, RT, GR, etc.) 3710 GR	Name of Producing Formation Yates & Queen		Top Oil/Gas Pay 2760		Tubing Depth 3913			
Perforations 2760-64, 2790-94, 2828-30, 2864-68, 2896-98, 3013-21 3765-67, 3783-87, 3807-09, 3829-30, 3832-36, 3881-83					Depth Casing Shoe 3953			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 1/4"	8 5/8"	23 1/2'	D-2	1490		725      Circulated		
7 7/8"	5 1/2"	15.5'	D-2	3953		585		
	2 3/8"	4.2'	D-2	3913				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12/6/79	Date of Test 12/21/79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45	Casing Pressure 4 1/2'	Choke Size 2
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. -0-	Gas-MCF 97,230

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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)  
Pres.  
\_\_\_\_\_  
(Title)  
12/27/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 31 1979, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT

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.

Form C-104 must be filed for each pool in multiply