DISTRIBUTION SA TAFE FI E

II.

III.

IV.

NEW MEXICO OIL CONSERVATION COMMISESON REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

.G.S.	AUTHORIZ	ZATION TO TR	ANSPORT O	IL AND NATI	IRAL GAS		
ID OFFICE	5-880CC				MAE OAS		
TRANSPORTER GAS							
OPERATOR	1-PILE	WICE - WICH	ARC.				
PRORATION OFFICE							
Operator							
Address							
P.O. BOX 249, HOBB	S, NEW MEXICO	88240					
Reason(s) for filing (Check proper b	ox)		Ot	her (Please expla	in)		
New Well	Change in Tra	nsporter of:					
Recompletion Change in Ownership	Oil Casinghead Ga	Dry G	 !				
		Condi	ensate				
If change of ownership give name and address of previous owner	•	-					
DECOMPOSION							
DESCRIPTION OF WELL AND Lease Name		Name, Including I	Formation	Kind	of Lease		
B. J. SARKEYS 6 DRINKARD			_	Federal or Fee	eral of Fee		
Location						PER	
Unit Letter 7 : 198	Feet From The	e NORTH Li	ne and	LO Fee	t From The	ST	
Line of Section 26	ownship 21-8	Danes					
	21-8	Range	37-E	, NMPM,	LEA	County	
DESIGNATION OF TRANSPO							
Name of Authorized Transporter of C		sate 🗀	i .			is form is to be sent)	
TEXAS NEW MEXICO P.L. CO. Name of Authorized Transporter of Casinghead Gas XX or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
EXELLY OIL COMPANY				NEW MEXICO &			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actual				
give location of tanks.	F 26	21 37	YES		EFFECTIVE J	ANUARY 31, 1977,	
f this production is commingled w COMPLETION DATA	ith that from any oth-	er lease or pool,	give comming	ling order numbe	INTO GETTY	COMPANY MERGE	
COMPLETION DATA	Oil Wel		·	Workover Deep		OIL COMPANY Same Res'v. Diff. Res'v	
Designate Type of Complet	ion – (X)			x	1	X	
Date Smithix REWORK	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
2-17-75 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation DRINKARD		7287 Top Oil/Gas Pay 6388		Tobles De	6700 ' Tubing Depth 6346		
				Tubing Dep			
Perforations					Depth Casin		
6388-6632 (29 HOLES)						7299	
HOLE SIZE		CASING & TUBING SIZE		D CEMENTING RECORD DEPTH SET		SACKS CEMENT	
17/2	123/	123/1		SUL		SACKS CEMENT	
	/	//		1 1/2/		1511	
				12/9		1000	
TEST DATA AND REQUEST F	OP ALLOWARIE	(Tana	1				
DIL WELL	OR ALLOWABLE	able for this de	pth or be for ful	total volume of lo l 24 hours)	ad oil and must be e	qual to or exceed top allow	
Date First New Oil Run To Tanks 2-21-75	Date of Test			Producing Method (Flow, pump, gis lift, etc.)			
Length of Test	Tubing Pressure	3-6-75 Tubing Pressure		G	Choke Size		
24	160		Casing Pressure PACKER			32/64	
Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas - MCF	···	
76	55		21		661	661	
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condens	qte/MMCF	Gravity of C	Ondenagle	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	Choke Size	
EPTHOLOGO OF COMPANY			<u> </u>				
ERTIFICATE OF COMPLIAN	CE			PIL CONSE	FIVATION COM	MISSION	
hereby certify that the rules and	regulations of the Oi	Conservation	APPROVE	d			
ommission have been complied to the	with and that the inf	formation given		2000	& and	, , ,	
mas and combiete to ful	- none or my knowled	-Re wild bettel!	BY	, <u> </u>	- conse	e e e e e e e e e e e e e e e e e e e	
			TITY SUPERIOR DOINGET I				
YE CENTRO U TRIONO RELEATO CENTRO DE			This form is to be filed in compliance with RULE 1104.				
MI VI MAMMANI	ature)		If this is well, this for	is a request for	allowable for a ne	wly drilled or deepened ulation of the deviation	
AREA ENGINEER	- •		tests taken	on the well in	accordance with R	ULE 111.	
	tle)		All sec	tions of this for	m must be filled or	at completely for allow-	

able 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.

WLG/bh

MARCH 7, 1965

(Date)

Andle VED

126 7:00

C.L CUNSERVATION COMM.