

OIL CONSERVATION COMMISSION

BOX 1980

HOBBS, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE 7/31/74

This is to notify the Oil Conservation Commission that connection for

the purchase of gas from the Brunson & Mc Knight
Operator

Berry, N, 7-21-34, Berry, Morrow
Lease Well Unit S.T.R. Pool

Phillips Petroleum Co., was made on 7-29-74
Name of Purchaser

Phillips Petroleum Co.
Purchaser

E.M. Ball
Representative

Clerical Supervisor
Title

cc: To operator
Oil Conservation Commission - Santa Fe



LTR



Job separation sheet

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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
BRUNSON & McKNIGHT, INC.

Address
P. O. Box 297, Hobbs, NM 88240

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

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Berry	Well No. 1	Pool Name, Including Formation Berry Morrow	Kind of Lease State, Federal or Fee State	Lease No. E-1923
Location Unit Letter N ; 554 Feet From The South Line and 1821 Feet From The West Line of Section 7 Township 21 S Range 34 E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 7	Sec. 21 7	Twp. 21	Rge. 34	Is gas actually connected? Yes	When 8/1/74

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'v.
		<input checked="" type="checkbox"/>						
Date Spudded 9/28/73	Date Compl. Ready to Prod.		Total Depth 14,030'		P.B.T.D. 13,966'			
Elevations (DF, RKB, RT, GR, etc.) 3750' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,845'		Tubing Depth 13,750'			
Perforations 13,845'-54'; 13,862'-64'					Depth Casing Shoe 14,030'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
(Whipstock set at 12,364' and 4 1/2" casing run through existing 7" casing)								
6 1/8"	4 1/2" 13.54 & 11.64 N-80		14,030'		150 Class "H"			

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	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 300	Length of Test 24 hours	Bbls. Condensate/MMCF 3	Gravity of Condensate 57
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 4200#	Casing Pressure (shut-in) 0 (packer)	Choke Size 5/16"

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.

June Woodard
(Signature)
Agent
(Title)
9/19/74
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *Joe McKnight*
SUPERVISOR DISTRICT I
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.