

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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 Kern Co.	
Address 3005 North Big Spring St., Midland, Texas 79705	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-1-86
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, including Formation Eumont, Queen	Kind of Lease State, Federal or Fee State	Lease No. B2527
Location				
Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West				
Line of Section 7 Township 21S 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7	Twp. 21-S	Rge. 37-E
Is gas actually connected?		When		
No		as soon as possible		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/28/85	Date Compl. Ready to Prod. 1/21/86	Total Depth 4000'	P.B.T.D. 3958'					
Elevations (DF, RKB, RT, GR, etc.) GL 3487	Name of Producing Formation Queen	Top Oil/Gas Pay 3433'	Tubing Depth 3603'					
Perforations 3450' - 3671	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"	350'		200 sx cl. c cement				
8 1/2"	7"	4000'		700 sx poz C cement				
7 "	2 1/2"	3603'		none				

VI. 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)

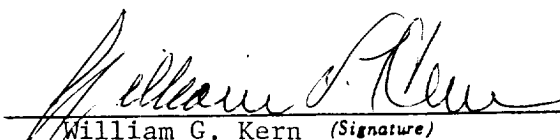
Date First New Oil Run To Tanks 1-26-86	Date of Test 1-28-86	Producing Method (Flow, pump, gas lift, etc.) Pumping (2" x 1 1/2" x 12' pump)	
Length of Test 24 hours	Tubing Pressure 40 psig	Casing Pressure 40 psig	Choke Size 22/64
Actual Prod. During Test	Oil-Bbls. 9	Water-Bbls. 3	Gas-MCF 305

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

I. 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.


William G. Kern (Signature)

Engineer

(Title)

1-30-86

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 4 - 1986**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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 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.

RECEIVED
FEB - 3 1986
HOSPITAL OFFICE