

OIL CONSERVATION DIVISION

Hobbs

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

Aztec
1000 Rio Brazos
Aztec, NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection	<u>X</u>	First Delivery	<u>8/24/89</u>	<u> </u>
		Date		Initial Potential
Reconnection	<u> </u>	First Delivery	<u> </u>	<u> </u>
		Date		Initial Potential
Disconnection	<u> </u>			

for delivery of gas from the Kemp, Charles W.
Operator

Stevens "B-15"

Lease

82036 680
Meter Code Site Code

2 K 15-23-36
Well No. Unit Letter S-T-R
T-y
Jalmat Seven Rivers
Pool

was made on 8/24/89
date

AOF

Choke

Phillips 66 natural Gas Company
Transporter

OCD use only

County Lea

Land Type Fed

Liq. Transporter None

J. M. Hastings Production Records Supervisor
Representative Name/Title
(Please type or print)

J. M. Hastings
Representative Signature

Submit in duplicate to the appropriate district office.

Change of Transporter

SEP 17 1989

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Charles W. Kemp	Well API No.
Address 1701 E. Highland Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Conoco Inc. P.O. Box 460 Hobbs, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stevens B-15	Well No. 2	Pool Name, Including Formation Jalmat-Yates-7 Rivers	Kind of Lease State, Federal or Fee	Lease No. LC030556(B)
Location Unit Letter K : 1650' Feet From The S Line and 1650' Feet From The W Line SW4 Section 15 Township 23S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P.O. Box 1384 Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					yes	

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
		XX						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
			3430					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR	Yates-7 Rivers		Gas-3060		3059			
Perforations					Depth Casing Shoe			
Open Hole					2949			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	5 1/2 14#	2949	1150
	2 3/8 4.7#	3059	
	8 5/8	251	225

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Charles W. Kemp
Printed Name CHARLES W. KEMP Title Owner
Date 2-15-89 Telephone No. 392-5364

OIL CONSERVATION DIVISION

FEB 20 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

1 FEB 1969

RECEIVED
FEB 17 1969

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OCD
HOBBS OFFICE