

O. H. Berry

J. L. Isbell

7

H 15 24 South 36 East Lea

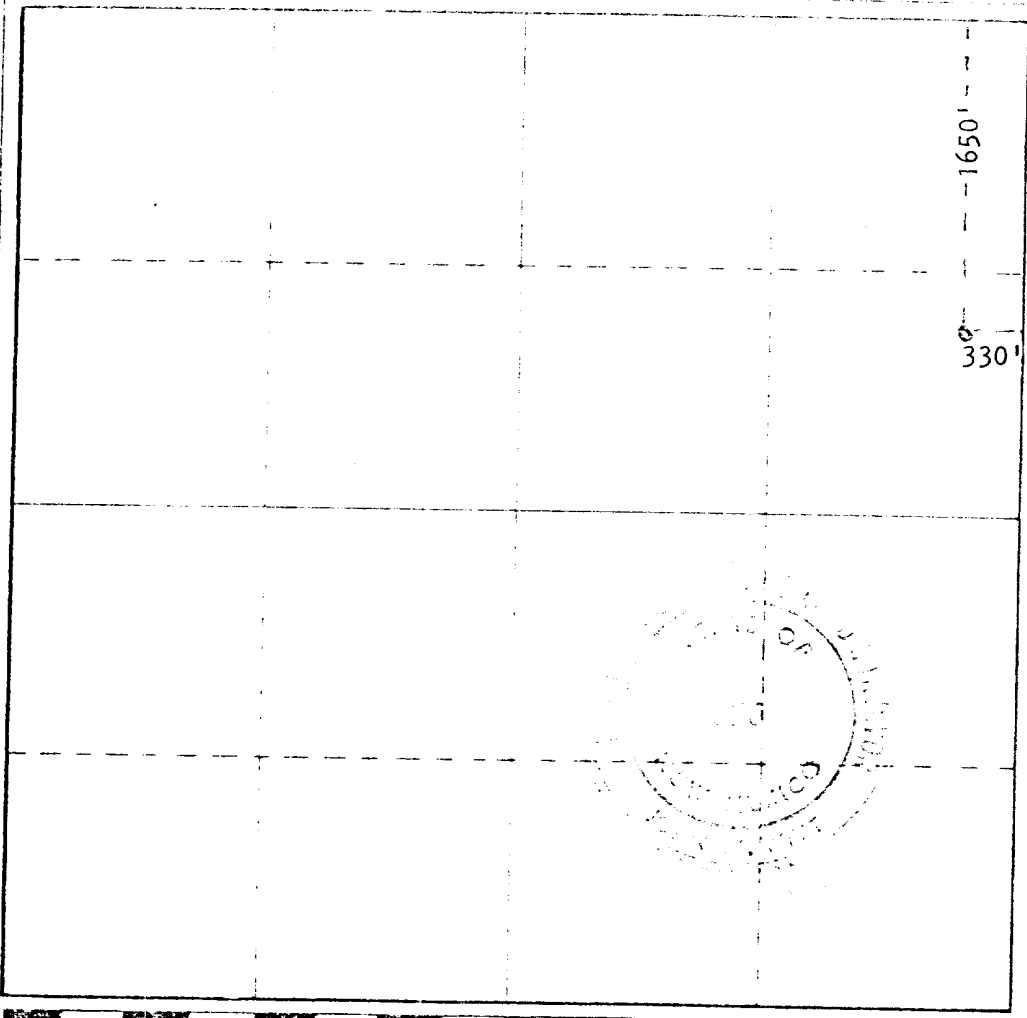
1650 North 330 East
3375.6

1. Outline the acreage dedicated to the subject well by colored pencil or ballpoint marks on the plat below.
2. If more than one lease is dedicated to the well outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc.?

Yes No If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

O. H. Berry
Operator

O. H. Berry

28 June 1979

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
12/15/77

Registered Professional Engineer
and/or Land Surveyor

John W. West
676

173

RECEIVED

JUN 29 1979

HOBBS, N. M.

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-105
 Effective 1-1-65

DISTRIBUTION		
ANTAFE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator O. H. Berry
 Address 188 One Marienfeld Place, Midland, Texas 79701
 Reason(s) for filing (Check proper box)
 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 <u>Isbell, J. L.</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Jal-Mat Yates Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>H</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>15</u> Township <u>24</u> Range <u>36</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation Permian (Eff. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>15</u>	Twp. <u>24</u>	Rge. <u>36</u>
	Is gas actually connected? <u>Yes</u>		When <u>9-4-79</u>	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>7-11-79</u>	Date Compl. Ready to Prod. <u>9-4-79</u>		Total Depth <u>3518'</u>		P.B.T.D. <u>3363</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3375.6</u>	Name of Producing Formation <u>Yates</u>		Top Oil/Gas Pay <u>3242</u>		Tubing Depth <u>None</u>			
Perforations <u>3344, 3338, 3332, 3300, 3296, 3292, 3286, 3280, 3260, 3248,</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-3/4"</u>	<u>8-5/8"</u>		<u>1325'</u>		<u>500 SX</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>3490</u>		<u>250 SX</u>			

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 <u>9-4-79</u>	Date of Test <u>9-5-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>Pumping</u>	Casing Pressure <u>35 psig</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>30</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>76</u>

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. 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.

O. H. Berry
 Operator
9-14-79
 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT - 1 1979, 19____
 BY John W. Runyan
 TITLE Geologist

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