

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	<input checked="" type="checkbox"/> OIL
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OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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DEC 02 '87

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
S & J Operating Company

Address  
P. O. Box 2249, Wichita Falls, Texas 76307

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

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casingshead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<u>XXXXX OPERATOR</u>		

If change of ownership give name and address of previous owner Previous Operator - Joe L. Tarver

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Red Lake Grayburg</u>	Well No. <u>27</u>	Pool Name, including Formation <u>Red Lake (Grayburg)-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-379-4</u>
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Dr. 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>C</u> Sec. <u>35</u> Twp. <u>17S</u> Rge. <u>27E</u> Is gas actually connected? <u>No</u> When <u>Post FD-3 12-11-87 skg up</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Sandy Robertson  
(Signature)  
Petroleum Engineer  
(Title)  
November 12, 1987  
(Date)

OIL CONSERVATION DIVISION  
APPROVED DEC 8 1987, 19\_\_\_\_\_  
BY Original Signed By Mike Williams  
TITLE Oil & Gas Inspector

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.

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/25/48	Date Compl. Ready to Prod. 3/4/48		Total Depth 1762'			P.S.T.D. 1762'			
Elevations (DF, RKB, RT, GR, etc.) N/A	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1710			Tubing Depth 1710'			
Perforations 1240' - 1762' (OH)						Depth Casing Shoe 1240'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
<b>HOLE SIZE</b>		<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>			<b>SACKS CEMENT</b>		
N/A		7"		1240'			N/A		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** *(Test must be after recovery of local 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size