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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-11
Effective 1-1-65

RECEIVED

JUN 4 1980

O. C. D.
ARTESIA, OFFICE

Operator JFG ENTERPRISES ✓

Address Box 100, Artesia, New Mexico 88210

Reason(s) for filing (check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Hanagan Petroleum Corp., Box 1737, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newman	Well No. 1	Pool Name, including Formation Brynes Tank Middle Delaware	Kind of Lease State, Federal or Fee State	Lease No. K-4761-5
Location Gas				
Unit Letter 0 ; 2300 Feet From The East Line and 660 Feet From The South				
Line of Section 7 Township 23 S Range 26 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 7	Twp. 23 S	Rge. 26 E
	Is gas actually connected?		When 3-1-78	

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.	Full Test
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Lbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

Agent

June 3, 1980

OIL CONSERVATION COMMISSION

JUN 5 1980

APPROVED

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 available tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleting wells.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter or other such change of conditions.