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Appropriate District Office
DISTRICT 1
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DISTRICE II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Earn C.1M

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT.III

Santa Fe, New Mexico 87504-2088

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1000 Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTHORI LAND NATURAL GA						
Operator					API No.				
R-J Enterprises	123041			3.8	0 -031-	2092	8		
	Farmington,	New Mexico	87401						
Reason(s) for Filing (Check proper box) New Well Recompletion		in Transporter of:  Dry Gas  Continued	Change of Opens	·					
Change in Operator  If change of operator give name			Change of Opera		07417				
and address of previous operator Gur	ley Oil Comp	any No. II R	d. 6220 Kirtiar	nd, NM	8/41/	<del></del>			
II. DESCRIPTION OF WELL						, <del></del>			
Lease Name   State Cookie   149	780   Well No		ling Formation 47948 :- Hospah Ext/		of Lease Federal or Fee	LG-9425	No. D		
Location 74	100 1 -	11040 11001		l <del></del>					
Unit Letter B	_ :990	Feet From The _	North Line and 1650	) F•	et From TheEa	ıst	Line		
Section 16 Township 20N Range 12W , NMPM, McKinley County									
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   X   or Condensate   Address (Give address to which approved copy of this form is to be sent)   P. O. Box 256   Farmington, NM 87499									
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give address to wh	ich approved	copy of this form	is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Twp. Rge 20N 12W	Is gas actually connected?	When	7 No gas				
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA									
Designate Type of Completion	Joil We	ell Gas Well	New Well   Workover	Deepen	Plug Back San	se Res'v Dif	TRes'v		
Date Spridded	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		· I ·	******	Depth Casing Sh	∪€				
	TUBING	J. CASING AND	CEMENTING RECOR	D	!				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
				<del></del>					
 V. TEST DATA AND REQUES	 st for āllöv	VABLE	.		L		J		
			t be equal to or exceed top allo	wable for this	depth or be for fu	ill 24 hours.)			
Date First New Oil Run To Tank				Producing Method (Flow, pump, gas lyt, etc.)					
Length of Test	Tubing Pressure		Casing Pressure		Chole Site		<u></u> 3		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		11 - 15 M		
GAS WELL	.1		- E. ann ann an an ann ann ann an ann ann a	<del></del>	·	(M. 1. )			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	<del></del>	Gravity of Conde	nsale			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut (n)	Casing Pressure (Shut in)		Choke Size	• <del>•</del> .			
VI OPERATOR CERTIFIC	ATE OF COM	PLIANCE	1				j		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the bost of my knowledge and helief.		Data Approved MAY 1 0 1994							
The learning be				Date Approved					
Signature John Cunningham Co-Oyner			SUPERVISOR DISTRICT #8						
October 26, 1993		Title	Title						
			11						

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.