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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 J.K. EDWARDS ASSOCIATES, INC.		Well API No. 30-045-27947
Address 1331-17TH STREET, SUITE 710, DENVER, COLORADO 80202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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II. DESCRIPTION OF WELL AND LEASE

Lease Name COWSAROUND 2	Well No. 7	Pool Name, including Formation BASIN (FRUITLAND COAL)	Kind of Lease State, Federal and/or	Lease No. NM-16471
Location Unit Letter <u>G</u> : <u>1640</u> Feet From The <u>NORTH</u> Line and <u>1700</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>26NORTH</u> Range <u>12WEST</u> , NMPM, <u>SAN JUAN</u> 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	PO BOX 4990 FARMINGTON NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	NO

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
		X						
Date Spudded 8/20/90	Date Compl. Ready to Prod. 5/10/93	Total Depth 1365'	P.B.T.D. 1355'					
Elevations (DF, RKB, RT, GR, etc.) 5912'	Name of Producing Formation BASIN (FR. COAL)	Top Oil/Gas Pay 1234'	Tubing Depth 1232'					
Perforations 1234'-1246' 24 HOLES			Depth Casing Shoe 1355'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7" N-80		128'		61 SK "B"			
6-1/4"	4-1/2" LS		1355'		110 SK + 40 SK			
	1-1/2"		1232'					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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GAS WELL WELL IS CAPABLE OF COMMERCIAL PRODUCTION

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 285	Casing Pressure (Shut-in) 295	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 J. Keith Edwards  
J. KEITH EDWARDS, PRESIDENT  
Printed Name  
Date 5/10/93 Telephone No. 303/298-1400

OIL CONSERVATION DIVISION

Date Approved MAY 18 1993

By Burt D. Shum  
SUPERVISOR DISTRICT #3  
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.