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Appropriate District Office  
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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

RECEIVED

MAY 17 1993

OIL CON. DIV.

DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator J. K. EDWARDS ASSOCIATES, INC.	Well API No. 30-045-27949
Address 1331-17TH STREET, SUITE 710, DENVER, COLORADO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name COWSAROUND 27	Well No. 7	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease <del>State</del> Federal <input checked="" type="checkbox"/>	Lease No. NM-26354
Location				
Unit Letter G	: 1770	Feet From The NORTH Line and 1810	Feet From The EAST Line	
Section 27	Township 26NORTH	Range 12WEST	NMPM, SAN JUAN	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?	
YES	11/27/90	
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 8/7/90	Date Compl. Ready to Prod. 11/27/90	Total Depth 1315' GL	P.B.T.D. 1225' GL					
Elevations (DF, RKB, RT, GR, etc.) 6140' GL	Name of Producing Formation FRUITLAND COAL	Top Oil/Gas Pay 972' GL	Tubing Depth 1163'					
Perforations 972' - 1168'			Depth Casing Shoe 1315'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 1/2"	7"	130' GL	71 CU.FT.CIRC.SURF.					
6 1/2"	4 1/2"	1312' GL	333 CU.FT.CIRC.TO SURF.					
	2-3/8"	1163' GL						

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

GAS WELL SHUTIN GAS WELL CAPABLE OF PRODUCING IN COMMERCIAL QUANTITIES

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
	135	220	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

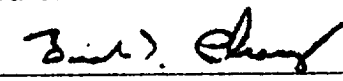
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature   
J. KEITH EDWARDS PRESIDENT  
Printed Name Title  
MAY 13, 1993 303/298-1400  
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 17 1993

Date Approved

By 

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.