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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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator J.K. EDWARDS ASSOCIATES, INC.	Well API No. 30-045-28073
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 type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name COWSAROUND 21 3938	Well No. 1	Pool Name, Including Formation BASIN (FRUITLAND COAL)	Kind of Lease <input checked="" type="checkbox"/> State, <input checked="" type="checkbox"/> Federal or <input checked="" type="checkbox"/> Leasing	Lease No. NM-12028
Location				
Unit Letter A	680	Feet From The NORTH	Line and 680	Feet From The EAST
Section 21 Township 26 NORTH Range 12 WEST 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"/> W.T. 918550	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"/> EL PASO NATURAL GAS 918530	Address (Give address to which approved copy of this form is to be sent) PO BOX 4990 FARMINGTON NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? <input type="checkbox"/> 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									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.												
Elevations (DT, P&B, 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												
<b>RECEIVED</b>																	

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, pressure, 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 (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.  
J.K. EDWARDS ASSOCIATES, INC.

Signature  
J. KEITH EDWARDS, PRESIDENT  
Printed Name  
4/2/93  
Date  
303/298-1400  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 02 1993

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with Rule 1104

or deepened well must be accompanied by tabulation of deviation tests taken in accordance

related wells.

other such changes.