Submit 5 Copies Apprepriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 - 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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRUCT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NSPORT OI	L AND NA	TURAL G			<del></del>		
Operator R – J ENTERA	R-J ENTERPRISES						AFINO.	152622800S1		
Address 313 NORTH	LOCKE	07401				1300	432022	8002T		
FARMINGTON Reason(s) for Filing (Check proper box)	L, N M	8/401		Оп	ict (Please expl	ain)	<del></del>			
New Well		~ ~	ransporter of:	<u></u>	,=		, (			
Recompletion L. Change in Operator L.	Oil Casinghe		Ory Gas LOndonsate D			- 6 · · · · · · · · · · · · · · · · · ·	المراجع المست			
If change of operator give name and address of previous operator BHP	PETROI	FUM 58	47 SAN F	FLIPE	ноисто	N TV	77057			
II. DESCRIPTION OF WELL					<del>-1100010</del>	<del>11 , 1                              </del>	77037			
Lease Name	AND LIE		ool Name, Includ	ing Formation	<del></del>	Kind	of Lease	La	ase Na	
NAVAJO "U"	8 HORSESHO				OF GALLUP			Federal de la		
Location										
Unit LetterA	_ :	330 r	Feet From The N.C.	rth_Lio	e and33	F0 F0	et From The	East_	Linc	
Section *8 Townsh	ip 31N	F	Range 17W	. N	мрм,	. SAN	JUAN		County	
THE DESIGNATION OF STREET	ICUODET	m or on	A NID. NI A TUT	D.1. C.C						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensa			e address to wi	hich approved	copy of this f	orm is to be se	nt)	
GIA	· ' ' ' '				P.O. BOY OF FARMINGTON - N. M. 8740					
Name of Authorized Transporter of Casin	ghead Gas		r Dry Gas	Address (Giv	re address to wi	hich approved	l copy of this f	orm is to be se	nt)	
If well payduces oil or liquids,	1 Unit	Unit Soc. Twp. Rge			. Is gas actually connected? When			7		
give location of tanks.	Out		31N 17W	is gas account to the control of the			<i>c a</i>			
If this production is commingled with that	from any od	ner lease or po	ol, give comming	ling order num	ber:					
IV. COMPLETION DATA		_,		·, <del></del>	,	·	·	, <del></del>		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to P	nd.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>		
•										
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					···	·····	Depth Casin	g Shoe		
							<u> </u>	,	·	
101 5 0175	TUBING, CASING AND						٦	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	_						<u> </u>			
V. TEST DATA AND REQUE	STROP A	VII OWAI	u.F	<u> </u>			J			
OIL WELL (Test must be after i				be equal to or	exceed top allo	omable for thi	s depth or be j	for full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Te				cthod (Flow, pi					
Landbaf Tark	The last the			Casing Pro	DEC	FIV	To Daze			
Length of Test	Tuoing 170	Tubing Pressure						<b>7</b> []]		
Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·		Water - Bbls	JUN	7 1990	Gas-WCF		······································	
, , , , , , , , , , , , , , , , , , ,	١			<u> </u>	711 PZ	SE 51				
GAS WELL	يواد در استخار وب	· · · · · · · · · · · · · · · · · · ·		r			<b>V.</b> )			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	Bbls. Condensate/MMCD157. 3			Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	TANCE	-			1			
I hereby certify that the rules and regul					OIL CON	SERV.	ATION	DIVISIO	N :	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Jun 1 3 1990						
is time and complete to the pest of thy	ruomicose s	na ochel.		Date	Approve	d	JUN I	, 133t)		
R-JENTERPRIS	F <b>S</b>					7.		1 /		
Signature Coling				₩ Ву_						
Printed Name Title				SUPERVISOR DISTRICT #3						
RILEY S. HILL				Title	)				<del></del>	
Date 6/6/90 (	505)	325-229	oligne No.							
A SHOP AS A SHOP A SHOP AS A SHOP A SH		HOMESONCH IN MINIS			. The desire for the little for the fifty	No. of the last of		A TOTAL CONTRACTOR STATE OF THE		

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) The 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 real in multiple completed wells.