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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator Junaco Oil Company
 Address Box 1031, Midland, Texas
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

~~UNDECORATED~~ Junaco Gas

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<u>Junaco Federal LC 062384</u>	<u>8</u>	<u>8</u>	<u>Junaco (Water Gas)</u>	State, Federal or Fee <u>Federal</u>
Unit Letter	Feet From The	Line and	Feet From The	
<u>M</u>	<u>660</u>	<u>north</u>	<u>660</u>	<u>west</u>
Line of Section	Township	Range	NMPM,	County
<u>14</u>	<u>26 S</u>	<u>37 E</u>	<u>Lea</u>	

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Company</u>	<u>Box 1304, Hob, New Mexico</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>yes</u>	<u>12-30-67</u>

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 Rest'v.	Diff. Rest'v.	
		<u>X</u>	<u>X</u>						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
<u>10-15-66</u>	<u>12-30-66</u>	<u>3100</u>	<u>—</u>						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
<u>2975</u>	<u>Water Gas</u>	<u>2701</u>	<u>3036</u>						
Perforations	Depth Casing Shoe								
<u>open hole</u>	<u>2701 - 3100</u>	<u>2701</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
<u>8 1/2"</u>	<u>7"</u>	<u>400</u>	<u>170</u>						
<u>6 1/2"</u>	<u>4 1/2"</u>	<u>2701</u>	<u>100</u>						

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 Tanks	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>337</u>	<u>24</u>	<u>none</u>	<u>—</u>
Testing Method (piston, back pr., orifice meter)	Tubing Pressure	Casing Pressure	Choke Size
<u>orifice meter</u>	<u>30 PSI</u>	<u>270</u>	<u>64/64" - open</u>

VI. CERTIFICATE OF COMPLIANCE

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

A.E. Smith
 (Signature)
Oil Field Clerk
 (Title)
1-3-68
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY J. A. [Signature]
 TITLE _____

This form is to be filed in compliance with N.M.S. rules.
 If this is a request for allowable for a newly drilled well, this form must be accompanied by a production test taken on the well in accordance with N.M.S. rules.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and V for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool completed wells.

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