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OPERATOR	1
PRODUCTION OFFICE	

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

Form O-104  
 Supersedes OIL C-101 and C-102  
 Effective 1-1-65

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JUL 24 1979

O.C.C.  
 ARTESIA, OFFICE

I. OPERATOR

Operator **B & J PRODUCTION COMPANY** ✓

Address **512 W. Texas Ave. Artesia, N. M. 88210**

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership  Other (Please explain)

If change of ownership give name and address of previous owner **Betrice Bedingfield 512 W. Texas Ave. Artesia, N. M. 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>DELHI</b>	Well No. <b>6</b>	Pool Name, including Formation <b>Empire (Y-SR)</b>	Kind of Lease State, Federal or Free	County <b>BLISS</b>
Location				
Unit Letter <b>C</b>	<b>990</b>	Feet From The <b>N</b>	Line and <b>2310</b>	Feet From The <b>W</b>
Line of Section <b>36</b>	Township <b>17S</b>	Range <b>27E</b>	N.M.F.M.	County <b>Eddy</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Co. Pipeline Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>Artesia, N. Mex. 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>36</b> Twp. <b>17S</b> Rge. <b>27E</b>
Is gas actually connected?	When

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	Some Res'n.	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, 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					

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 total 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 Procedure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

*Posted  
 2-D 3  
 8-3-79  
 JAG*

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

*Beth A. Henry*  
 (Signature)  
 Accountant  
 (Title)  
 7-24-79  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 3 1979**

BY *W. A. Gressitt*

TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the various tests taken on the well in accordance with RULE 111.  
 All portions of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.