Submit 5 Copies
Appropriate 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., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		NSPORT OIL	AND NATURAL GAS			
perator		Well API No.				
R-J ENTERPRISES				3 <b>0</b> 451106300 S1		
Idress 313 NORTH L						
FARMINGTON, cason(s) for Filing (Check proper box)	, N M 87401		Other (Please explain,	)		
ew Well	_ <del></del>	Transporter of:				
ecompletion		Dry Gas				
hange in Operator X		Condensate				
change of operator give name BHP f	PETROLEUM 5	847 SAN FI	ELIPE HOUSTON,	<del>, TX 77057</del>		
DESCRIPTION OF WELL	AND LEASE					
ease Name	Well No.   Pool Name, Includir			Kind of Lease	Lease No.	
NAVAJO "U"	3	L HORSESHO	DELIGALLUP			
Unit Letter	: 2,310	Feet From The	Southline and	550 Feet From The	-East Line	
Section # 5 Township	p 31N	Rango 17W	, NMPM,	SAN JUAN	County	
A CE (FILAN	CUODTED OF O	II AND NATUU	RAL CAS			
I. DESIGNATION OF TRAN ame of Authorized Transporter of Oil	or Conder	isale . []	Address (Give address to which	h approved copy of this	form is to be sent)	
GIANT REFINERIES	IA.AJ	ا البيعا	P.O. BOX 256			
ame of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give address to whic	h approved copy of this	form is to be sent)	
	Unit S∞c.	Twp. Rgc.	Is gas actually connected?	When ?		
well produces oil or liquids, ve location of tanks.	Unit Soc.	RIN 17W	O assumal assumants		, c	
this production is commingled with that	from any other lease or	<u> </u>	ing order number:			
7. COMPLETION DATA	-					
	Oil Well	Gas Well	New Well Workover	Deepen   Plug Back	Same Res'v   Diff Res'v	
Designate Type of Completion		Pnvd	Total Depth	P.B.T.D.		
ate Spudded	Date Compl. Ready to	TIM.		1.13.1.17.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Do	Tubing Depth	
er emmanus de la Alemana esta e material.					Depth Casing Shoe	
erforations				Depth Cas	ang saoc	
	THIDING	CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
HOLE SIZE	0					
TOURS IN A PORT A RUN TO FEST HER	CE EOD ALLOW	ARLE				
TEST DATA AND REQUE	TECOVERY OF GOTAL VOLUME	e of load oil and must	be equal to or exceed top allow	vable for this depth or b	e for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	ıp, gas lift, etc.)		
			(0)	CELYE	<u> </u>	
ength of Test	Tubing Pressure		Casing Pressure	- Choic Si	<u>" ו</u> ען	
Actual Dead During Test	Oil - Bbls.		Water - Bbls.	IUN 7 1990/10	<del></del>	
Actual Prod. During Test	Oil - Duis.					
CACAVELL			· OIL	CON. DIV		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	DIST. Bravity of	f Condensate	
	_				•	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	· Choke Si	ze	
VI. OPERATOR CERTIFIC	TATE OF COM	PLIANCE				
I hereby certify that the rules and regu	ilations of the Oil Conse	ervation	OIL CON	SERVATION		
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 true and complete to the best of my	knowledge and belief.		Date Approved	1 1	Λ	
R-J EN√ÆRPRISEŞ				Bill.	Chan!	
Signature / . A CII : A A			II D.			
Cly Fill Partner			SOFERVISON DISTRICT 13			
Printed Name		Tule	Tille			
PILEY S. HILL	5) 325-22 <b>7</b> 2	clephone No.				
$^{1046}$ ¢6/6/90 (50	5) 365-6676	The second section of the second and	unit transport, is an extent of the transport of the decident of the property of the contract			

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.



