Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Forgy, Minerals and Natural Resources Departr

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.		FOR ALLOWA							
Operator JAR Inc.	TO TRANSPORT OIL AND NATURAL GAS Well					API No.			
Address 1001 8th Street,	Levelland. Т	Texas 79336							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change Oil X Casinghead Gas	in Transporter of: Dry Gas Condensate	Oil trans Permian (ner (Please expla sporter & Corporati	purcha on to I			nanged fr im Corpor	
If change of operator give name and address of previous operator	estern Drill	ing Company	, P. O. I	Box 1392,	Longvi	ew, Tex	as 7 560)6	
II. DESCRIPTION OF WELL			-						
Aikman Federal	Well No	Sawyer San	-	(Assoc)	Kind State,	Federal or Ve	NM-08	Lease No. 30255	
Unit LetterA	660	_ Feet From The $rac{ m N}{}$	orth Lin	e and660	Fe	et From The	East	Line	
Section 24 Township	9 Sout	h Range 37 Eas	t , N	MPM, Le				County	
III. DESIGNATION OF TRANS	SPORTER OF C								
Name of Authorized Transporter of Oil Lantern Petroleum Corpo	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casing	P. O. Box 2281, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)								
Oxy USA, Inc. If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge		y connected?	When		-	74102	
If this production is commingled with that f IV. COMPLETION DATA	from any other lease or	r pool, give comming		ber:	I	11-20-02	<u> </u>		
Designate Type of Completion -	Oil We	li Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth			
Perforations			<u> </u>			Depth Casin	Depth Casing Shoe		
HOLE SIZE			CEMENTING RECORD						
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET			SACKS CEMENT			
TECT DATA AND DECLICA	T Pop III ou								
V. TEST DATA AND REQUEST OIL WELL (Test must be after re.			t be eaual to or	exceed top alloy	vable for this	depth or be f	or full 24 hou	re)	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Water - Bbis.			Gas- MCF		
GAS WELL			. ł						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regulated Division have been complied with and the istrue and complete to the best of my known that the complete to the best of the be	OIL CONSERVATION DIVISION FEB 2 6 1990 Date Approved								
Signature Signature	By	Bv							
Kirk Rogers Printed Name 2-20-90	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
2-20-90 806/894-6044 Date Telephone No.									

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.

RECEIVED

FEB 23 1990

OCD HOBBS OFFICE