Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O		IO IRA	11121	OHI OI	L AND NA	TURAL G					
Operator JAR Inc.							Well	API No.			
Address			•					N/A			
1001 8th Street Le	velland	l, Texa	ıs	79336							
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	norter of	_	ner (Piease exp	•				
New Well Change in Transporter of: Oil Transporter & purchaser being changed Recompletion Oil XX Dry Gas from the Permian Corporation to Lantern											
Change in Operator XX	Casinghea	d Gas 🗌	Cond	ensate	Petro1	eum Corp	oration	effecti	ve 02/0	1/90	
If change of operator give name and address of previous operator Wes	tern Dr	illing	Сог	npany, I		1392, L					
II. DESCRIPTION OF WELL						-					
Lease Name Well No. Pool Name, Include									of Lease No.		
Great Western Federal 1 Sawyer San Andres (Assoc) State, Federal or Fee LC 0 Location									063659		
Unit LetterI	_ : <u> 19</u>	80	Feet 1	From The	South Lin	e and66	<u>0 </u>	et From The	East	Line	
Section 30 Township 9 South Range 38 East , NMPM, LEA County											
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				ND NATU							
I A D D D D D D D D D D D D D D D D D D											
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						P.O. Box 2281, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)					
Oxy USA, Inc.					P.O. Box 300, Tulsa, OK 74102						
			Twp. 98	Rge. 38E	1	y connected?	When	1			
If this production is commingled with that i	 				ing order num	ber:	E	09/03/6	2		
IV. COMPLETION DATA	<u> </u>										
Designate Type of Completion	- (X)	Oil Well	-	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe						
TUBING, CASING AND (
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
								<u> </u>	-		
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLF	<u> </u>				L			
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for thi	depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank 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			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	JAN	VCE							
I hereby certify that the rules and regulations of the Oil Conservation						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.					FEB 2 6 1990						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Date Approved						
L'I Kogere					D.						
Signature Kirk Rogers President					ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title					Title DISTRICT I SUPERVISOR						
Date	(806		-604 hone N					Kirone at	· · · · · · · · · · · · · · · · · · ·	nd m	
		P									

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