		· · · · · · · · · · · · · · · · · · ·	num.	
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION CO SSION	Form C-104
	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	AL GAS
	LAND OFFICE			
	IRANSPORTER OIL	EFFECT	ive 5-1-88	1
	GAS		30-025	- 1418
	OPERATOR		30-021	- 1170 J
I.	PRORATION OFFICE	<u> </u>	~JC	
	Operator			
	JFG ENTE	erprises		
	Vadiess		_	<u>-</u>
	Bax 100, Artes: Reason(s) for filing (Check proper box,	A, N. m. 88210		
			Other (Please explain)
	New Well	Change In Transporter of:	<u> </u>	
	Recompletion	OII Dry Ga		
	Change in Ownership	Casinghead Gas Conder	sate	
	If change of ownership give name and address of previous owner	•	V, BOX 1600, N	ridland, Tex. 79702
•••	Lease Name	Well No. Pool Name, Including F	ormation Kind of	Lease No
	Well Meylen BM Sta	He 3 Justis B	livebry State,	B11302
	Location 9			
	Unit Letter P : 99	Feet From The South Lin	e and 330 Feet	From The East
	Unit Letter ; ;	Peet Float The ODG A Chi	e diid i eet	7 Total Tile
	Line of Section 2 Tov	waship 25-5 Range	37-E , NMPM,	LeA Count
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	approved copy of this form is to be sent;
	NAVA in REFINING	Ca.	Box 159 Art	esia, w.m. 88210 approved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	singhead Gas 🔀 or Dry Gas 🗔	Address (Give address to which	approved copy of this form is to be sent)
	El PASO MATURA	1 GAS	BOX 1384 JAI	N.M. 88252
	El PASO NATURA	Unit Sec. Twp. P.ge.	Box 1384 JAI Is gas actually connected?	When
	If well produces oil or liquids, give location of tanks.	I 2 255 37F	yes	8-20-72
		th that from any other lease or pool,	-	*
	COMPLETION DATA	in that from any other lease of poor,	give comminging order name	
		Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Restv. Diff. Res
	Designate Type of Completic	$\operatorname{on} - (X)$		1 1
	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
			1	
¥.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al			
	OU WELL able for this depth or be for full 24 hours;			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
		!	<u> </u>	
	Length of Test	Tubing Fressure	Casing Pressure	Choke Size
			:	
		<u> </u>		
	Actual Prod. During Test	Oil+Bele.	Water-Bbis.	Gae - MCF
	Actual Prod. During Test	Oil-Bale.	Water-Bais.	Gae - MCF
	Actual Prod. During Test	Oil•BE:c.	Water-Bais.	Gae - MCF
	Actual Prod. During Test GAS WELL		· 	
		Oil-Bair.	Bbis. Condensate/MMCF	Gravity of Condensate
	GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	GAS WELL		· 	
	GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbis. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate

VI

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.

(Title)

TITLE.

This form is to be filed in compliance with RULE 1104.

Orig. Signed by Paul Kautz Geologist

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviatitests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition

