			رے	
DISTRIBUTION				
SANTA FE		7		
FILE		7	~	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	/		
OPERATOR				
PRORATION OFFICE				

## NEW MEXICO OIL CONSERVATION CO' SION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

## PECEIVED

	LAND OFFICE	4		RECEIVED		
	TRANSPORTER OIL / GAS /			APR 1 2 1978		
	OPERATOR /	]		AT N 1 2 13/0		
1.	PRORATION OFFICE	7				
•.	Operator			O. C. C.		
	JFG ENTERPRI	TSES /		ARTESIA, OFFICE		
	Address	13E3 /				
	P.O. BOX 100, ARTESIA, NEW MEXICO 88210  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New We!1	Cosignate Change of:	Omer (1 reads expressi)			
	Recompletion	Oil Dry Ga		asing Head gas		
	Change in Ownership	Casinghead Gas XX Conden	Transporter			
	If change of ownership give name					
	and address of previous owner					
	DESCRIPTION OF WELL AND	I DACE				
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.		
	DAUGHERITY		YBURG-SAN ANDRES	ral <b>KXXX</b> 057674A		
	Location	2 DAUGHERITI-GRA	BURG-SAN ANDRES	1037074A		
	ļ <sup>—</sup>					
	Unit Letter K ; 2310	Feet From The FSL Line	e and <u>2310                                    </u>	n TheFWI.		
	_					
	Line of Section 3 Tow	waship $17S$ Range $27E$	E , NMPM, ED	DDY County		
m.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)					
	NAVAJO CRUDE OIL PURCHASING		BOX 159, ARTEST	A, NEW MEXICO 88210		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas			roved copy of this form is to be sent)		
	PHILLIPS PETROLEUM O		BARTLESVILLE, C			
	FIIIEDIFS FEIROBEUM C			/hen		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.				
	give location of tanks.	N   3   17S   27E	YES	4-6-78		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	. ,				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.		
	Designate Type of Completion	on - (X)				
	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		
	Lievations (DF, RRB, RI, GR, etc.)	idame of Producting 1 officiation	7.00 0.11, 0.20 1. 47			
				Depth Casing Shoe		
	Perforations			Depth Cushing Slice		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
<b>.</b> .	TOOM DAMA AND DECLIES EA	OP ALLOWARIE (Tout must be as	feer recovery of total volume of load or	il and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FO	oble for this de	pth or be for full 24 hours)	it die meet de squar to of the top dison-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Date First New Oil Ruil 10 Tunks	54.0 0. 100		N tod		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Cdsing Pressure	J. D- 2, 18		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
				4 ,1		
	had a					
GAS WELL						
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condens						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (proof, pacin proy		,			
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION		
			APPROVED APR 1 3 1978  BY Co. C. Stessett			
	I hereby certify that the rules and r	regulations of the Oil Conservation				
	Commission have been complied w	with and that the information given				
	above is true and complete to the	best of my knowledge and belief.				
		TITLE SUPERVISOR, DISTRICT IL				
	LD Fletcher		This form is to be filed in compliance with RULE 1104.			
			If this is a request for allowable for a newly drilled or deepened			
(Signature) AGENT			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
	4-11-78		Fill out only Sections I. II. III. and VI for changes of owner,			
4-11-78 (Date)			well name or number, or transporter, or other such change of condition.			
	(Da	<del></del> /	Separate Forms C-104 must be filed for each pool in multiply			
			completed wells.			
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