

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
S & J Operating Company ✓
Address
P. O. Box 2249, Wichita Falls, Texas 76307
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☒ OPERATOR ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
WIW

If change of ownership give name and address of previous owner: Previous Operator - Joe L. Tarver

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Red Lake (Grayburg)	Well No. 18	Pool Name, including Formation Red Lake (Grayburg) - SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC 057798
Location Unit Letter J : 2304 Feet From The South Line and 2310 Feet From The East Line of Section 35 Township 17S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navaio Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-3
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when C 35 17S 27E No 12-11-87 chg of

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Sandy Robertson
(Signature)

Petroleum Engineer
(Title)

November 12, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 8 1987
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
6/9/47	7/9/47		1665'		1665'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3636 GR	Grayburg		1632'		1598'				
Perforations						Depth Casing Shoe			
1632' - 1665' (OH)						1632'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
N/A		7"		1335'		50			
		4 1/2"		1632'		50			
		2"		1598'		0			

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size