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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and C-102
 Effective 1-1-65

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JUL 24 1979

O. C. C.
 ARTESIA, OFFICE

Operator **B & J PRODUCTION COMPANY** ✓

Address **512 W. Texas Ave. Artesia, N.M. 88210**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Betrice Bedingfield 512 W. Texas Ave. Artesia, N.M. 88210**

I. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE E 379	Well No.	1	Pool Name, including Formation	Empire (Y-SR)	Kind of Lease	State, Federal or Free	Lease No.	E379
Location	Unit Letter M	954 Feet From The S Line and 940 Feet From The W	Line of Section 36	Township 17S	Range 27E	NMPM,	Eddy	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Refining Co. Pipeline Division	Address (Give address to which approved copy of this form is to be sent)	Artesia, N.M. 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)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 17S	Rge. 27E	Is gas actually connected?	When	

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

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Reservoir
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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

OIL WELL

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

*Posted
 7-23-79
 8-3-79
 J.P.*

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Units Condensate/MCF	Gravity of Condensate
Testing Method (meter, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

Beth A. Henry
 (Signature)
 Accountant
 (Title)
 7-24-79
 (Date)

OIL CONSERVATION COMMISSION
 AUG 3 1979

APPROVED _____, 19____
 BY *W.A. Gressitt*
 TITLE **SUPERVISOR, DISTRICT II**

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 original tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells, whether new or recompletions.
 Fill out only Sections I, II, III, and VI for changes of well name or number, of transporter, or other such change of condition.