STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTM	ENT		RECEIVED	
				Form C-104 Revised 10-01-78
DISTRIEUTION	OIL CONSERVA	TION DIVISION		Format 06-01-83
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U.S.G.S.	SANTA FE, NEW	MEXICO 87501	- 07	
LAND OFFICE			O. C. D.	
TRANSPORTER OIL			ARTES	
OPERATOR U	REQUEST FOR	ALLOWABLE	ARTESIA, OFFICE	
	AN	D		
	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL	GAS	
Operator				
S & J Operating Comp	any V			
Addrees	<u> </u>			· · · · · · · · · · · · · · · · · · ·
P. O. Box 2249, Wich	ita Falls, Texas 76307			
Reeson(s) for filing (Check proper b	01)	Other (Please exp	ilain)	
New Well				
	Change in Transporter of:			
Recompletion		Gas	NIN	
Recompletion Change in 2020/2020 Opera: change of ownership give name	Casinghead Gas Con	densate	WIN	
Recompletion Change in EXEMPLA Operation Change of ownership give name address of previous owner	Casinghead Gas Con Previous Operator - Joe	densate	WIN	
Recompletion Change in EXEMPTING Operation Change of ownership give name address of previous owner DESCRIPTION OF WELL A	Casinghead Gas Con Previous Operator - Joe	L. Tarver	WIW d of Lease	Lecse No.
Recompletion Change in Kickership Operation change of ownership give name address of previous owner DESCRIPTION OF WELL A Loase Name	Dry Casinghead Gas Con Previous Operator - Joe ND LEASE Well No. Pool Name, Including For	L. Tarver	d of Lease	
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· 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.

(Signature, Petroleum Engineer

(Title)

November 12, 1987

(Date)

OIL CONSERVATION DIVISION						
APPROVED	DEC	8	1987	•	. 19	
87	Original					
TITLE	Mike Oil & Gá					

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, weil 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 Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/15/47	9/12/47	1638'	1638'
Elevetions (DF. RKB. RT. GR. esc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
3581' GR	Grayburg	1617'	N/A
Perforations			Depth Casing Shoe
<u> </u>	<u>3' (OH)</u>		1382
	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 1/4"	943'	30 sx
8"	_7"	1382'	50 sx
		•	

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 allow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oll - Bbis.	Water - Bbis.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Grevity of Condensate
Teeting Method (pilot, back pr.)	Tubing Pressure (shet-in)	Casing Pressure (Shut-in)	Choke Size

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