STATE OF NEW MEXICO			RECEIVED	Form C-104
ID. OF COPICS SECENCE DIBTRIBUTION GANTA PE FILE U.S.G.S. LAND OFFICE TRANSPORTER OFERATOR PRORATION OFFICE	REQUEST FOR	X 2088 V MEXICO 87501 R ALLOWABLE ND	O. C. D. ARTESIA, OFFICE	Revised 10-01-78 Format 06-01-83 Page 1
I. Operating S & J Operating Company	<del></del>		<u> </u>	
Astrono P. O. Box 2249, Wichita	Falls, Texas 7630	7	<u> </u>	
	Casingheed Gas Co revious Operator - Joe	y Gas Indensate		
II. DESCRIPTION OF WELL AND L Lease Name	EASE Well No.   Pool Name, Including Fo	ormation	Kind of Lease	Lease No.
South Red Lake Grayburg	1 Red Lake (Gra	vburg)-SA	State, Federal or Fee	State B-11538
Location Unit Letter <u>C</u> : <u>660</u> Line of Section <u>36</u> Townsh	_ Feet From The <u>North</u> Line			Vest
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of OII & Navajo Refining Company Name of Authorized Transporter of Casingh	or Condensate	Address (Give address to P. O. Drawer 1 Address (Give address to	59, Artesia, N o which approved copy (	of this form is to be sent) Jew Mexico 88210 of this form is to be sent) Post ID-3
If well produces oil or liquids, give location of tanks.	tt Sec. Twp. Rge. C 35 17S 27E	is gas actually connecte NO	d? When	12-11-87 the box
If this production is commingled with the NOTE: Complete Parts IV and V or	n reverse side if necessary.	give commingling order	number:	

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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.

Sign

Petroleum Engineer (Tisle) November 12, 1987 (Dase)

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Original Signed by	
BY Mike Williams TITLEOil & Gas Inspector	, <u>, , , , , , , , , , , , , , , , , , ,</u>
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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 RULS 111.

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

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten 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 Complet	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Rest
Data Spudded	Date Compl. Ready to Prod.	Total Depth	X
11/29/47	12/28/47	1684'	P.B.T.D.
Elevetions (DF. RKB. RT. GR. etc.)	Name of Producing Formation	Top Oll/Gas Pay	1684 '
3602' GR	Grayburg	1673 <b>'</b>	1684'
<u> </u>	(OH)		Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
N/A	8 5/8"	970'	
		1420'	50
	2"	1684'	
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## 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)

Dete 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	Oll - Bhis.	Water - Bbls.	Gas • MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Grevity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size	