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

Form C-104
Superseding OIL C-101 and C-102
Effective 1-1-65

RECEIVED

JUL 24 1979

Operator
B & J PRODUCTION COMPANY

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
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**

DESCRIPTION OF WELL AND LEASE

Lease Name HASTIE	Well No. 10	Pool Name, including Formation Empire (Y-SR)	Kind of Lease State, Federal or Free LCO	Lease No. 45812A
Location Unit Letter E ; 1650 Feet From The N Line and 330 Feet From The W Line of Section 18 Township 17S Range 28E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐	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 E Sec. 18 Twp. 17S Rge. 28E	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't, P.H. R.
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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed that 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

Posted
883 apr
29

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dble. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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. Gressett**
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 deep well, this form must be accompanied by a tabulation of the oil and gas taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompletions.
Fill out only sections I, II, III, and VI for change of ownership, name or number, or transporter, or other such change of conditions.

