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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

MAY 20 1979

O. O. C.

ARTESIA, NEW MEXICO

J D R Ltd.

Address
Box 648 Artesia, N. Mex. 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change In Transporter of:	
Recompletion	☐	Oil	☒
Change In Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner Quality Oil, Inc. Box 1345, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Brooks	1	Empire Yates SR	State, Federal or Fee Federal	LC05034
Location				
Unit Letter	A	660 Feet From The North Line and	660 Feet From The East	
Line of Section	19	Township	17	Range
			28	N.M.P.M., Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Nayajo Crude Oil Purch. Co.	Box 159, Artesia, New Mexico 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	Sec.
	E	19
		Twp.
		17
		Rge.
		28
Is gas actually connected?	When	
No		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Unl. Res.
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

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

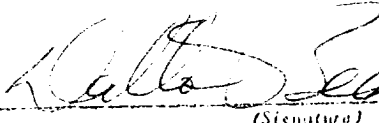
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. 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.


Dalton Bell
(Signature)

GEN. PARTNER
(Title)

5-25-79
(Date)

OIL CONSERVATION COMMISSION
MAY 3 1979

APPROVED _____, 19

BY W. A. Gessert

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