

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

Form O-101
 Superceded by O-101 and O-111
 Effective 1-1-65

ARTESIA, NEW MEXICO

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
EL PASO	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator **J D R Ltd.**

Address **Box 648 Artesia, N. Mex. 88210**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Brooks	6	Empire Yates SR	State, Federal or Fee Federal	LC050349A
Location				
Unit Letter		Feet From The	Line and	Feet From The
E	1760	South	220	East
Line of Section	Township	Range	County	
19	17	28	Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Nayaajo Crude Oil Purch. Co.	Box 159, Artesia, New Mexico 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	19	17	28	No	

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 Restv.	Part. Restv.
(X)								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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 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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr)	Tubing Pressure (lb/In)	Casing Pressure (lb/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.

Dalton Bell
 Dalton Bell
 (Signature)
 SEN PARTNER
 (Title)
 5-25-75
 (Date)

OIL CONSERVATION COMMISSION
MAY 31 1979

APPROVED _____ 19
 BY *W. A. Grossert*
SUPERVISOR, DISTRICT II

TITLE _____

This form is to be filed in compliance with RULE 1154.
 If this is a request for allowable for a newly drilled or recom well, this form must be accompanied by a tabulation of the well test data taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable or non-allowable wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.