STATE OF NEW MEXICO	IE OF HEW MEXICO		Form C-104 Revised 10-	Form C-104 Revised 10-1-78	
ERGY AND MERETALS DEPARTMENT	OIL CONSERVAT				
DIB10/00/004	р. о, вох SANTA FE, NEW				
FILE	5,111,111,111,111	1000 - 1000 - 1000 - 1000	,		
U B.G.B.	REQUEST FOR				
TRANSPORTER OIL	ANI AUTHORIZATION TO TRANSPO	DRT OIL AND NATURAL GAS			
PROBATION CFFICE					
JEN Resource	s Inc.	······			
B ox 648 AI	tesia, N. Mex. 88210	Other (Please esplain)	D . A . D		
Reason(s) for filing (Check proper box New Well	x) Change in Transporter of:	Change from Cat	PERF 2460) re Grayburg to	ι, l	
Recompletion	Oll Dry Gas	San Andrealinde	signated)	an Pab	
Change in Ownership	Casinghead Gas Condens	Request 400 BB	L Test Allowable f		
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND	LEASE well No. Pool Name, Including For	mation Kind of Le	GBC	Lease No	
Lease Name LEVERS		(San Andres) State, Fed	eral or Fee Ped.	037777(a)	
Location	••	and 330 Feet Fro	m The S		
Unit Letter ;			Eddy	Courty	
Line of Section 33 T	ownship 16 Range	29 , NMPM,	15444		
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	S Address (Give address to which ap	proved copy of this form is to	be seni)	
Name of Autocrized Transporter of C Navajo Crude Purchasi	ng Co.	N. Freeman Ave. Ar Address (Give address to which ap	tesia, N. Mex. 88	be sent)	
Name of Authorized Transporter of C	desinghedd Gds [] - Gr 203 - 2	Address (Give address to which up			
None	Unit Sec. Twp. Rge.	is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	N 33 16 29	No.			
If this production is commingled v	with that from any other lease or pool,		Plug Back Same Hest	v. Diff. Hesty	
V. COMPLETION DATA Designate Type of Complet	tion - (X)	New Well Workover Deepen		 	
Date Spudaej	Date Compl. Heady to Prod.	Total Depth	P.B.T.D.		
	, Mame of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.,	, ame of Producing reminister		Depth Casing Shoe		
Perforations					
		CEMENTING RECORD	SACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fier recovery of total volume of load	oil and must be equal to or i	ixceed top all:	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, s			
Date First Ne- Oli Bun To Tanks 2-1-81	Still Testing	Pump	Choze Size		
Length of Test	Tucing Pressure 20	Casing Pressure	None		
20 Days Actual Pred. During Test	Oil-Bbls.	Water - Bbls.	Gat-MCF TSTM	_	
20 Bbls Day	20	15			
GAS WELL		Bbls. Condensate AndCF	Gravity of Condensate	•	
Actual Vice. Test-MCF/D	Length of Test				
Testing kistkog (pitor, back pr.)	Tubing Freeewe (Shut-in)	Coming Pressure (Shut-in)	Choke Size		
	(NCE	OIL CONSER	VATION DIVISION		
'I. CERTIFICATE OF COMPLI-		FEB () 5 1981	, 18	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given mainteen to the heat of my knowledge and belief.		APPROVED /1 Q. Areseet			
Division have been complied of above is true and complete to	the best of my knowledge and belief.	BY COLOR	منه بغد معرف مراجع	a a fair a constant fair an	
. · ·	- 2		the constance with AUL	E 1104.	
$\frac{2}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{$		This form is to be filed in compliance with AULE 1104. If this is a request for allowable for a newly delled or despend of this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation			
		well, this form must be acc	Accordance with MULR I	11.	
		All sections of this for	na must ba inted out comp at walls.		
		Fill out only Sections	1. II. III, and VI to the	anges of events age of conditio	
		well name or number, in transport to filed for each pool in multip'			
		completed wells.			