

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator
KAY JAY OIL Co.

Well API No.
30-015-03870

Address
885 E. Aberdeen Rd, Hagerman NM 88232

Reason(s) for Filing (Check proper box)
☐ Other (Please explain)

New Well ☐

Recompletion ☐

Change in Operator ☒

Change of operator give name and address of previous operator ZIA Enterprises Po Box 1306 Artesia NM 88210

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>S.W. HENSHAW</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>S.W. HENSHAW Premier</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. <u>110610</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>7</u> Township <u>16-S</u> Range <u>30-E</u> , NMPM, <u>EDDY</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO Ref. Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 159 Artesia NM</u>
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)

Well produces oil or liquids, or location of tanks.	Unit <u>F</u>	Sec. <u>17</u>	Twp. <u>16-S</u>	Rge. <u>30-E</u>	Is gas actually connected? <u>No</u>	When ?
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If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Revisions (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

IL 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>posted ID-3 7-31-92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>4 kg op</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
FRED G. JONES

Printed Name
FRED G. JONES

Date
6-22-92

Owner
own

Title
505-752-3354

Telephone No.
3354

OIL CONSERVATION DIVISION

Date Approved JUL 29 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II