

DISTRIBUTION	
MAIL ROOM	1
FILE	7
DISPOS.	
CHRG. OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

OCT 7 1982

O. C. D.

Kay Jay Oil Company

(George R. Locker DBA Kay Jay Oil Company)

ARTESIA OFFICE

P.O. Box 2436; Midland, Texas 79702

Check (X) for filing (check proper box)

New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change effective May 1, 1982

Change of ownership give name
and address of previous owner

Kay Jay Oil Company (Fred Jones DBA Kay Jay Oil Company)
Star Route West, Box 41, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Well Name S. W. Henshaw Premier Unit	Well No. 3	Pool Name, Including Formation West Henshaw Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. NM0560379
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Unit Letter C ; 672 Feet From The South Line and 1980 Feet from the East

Line of Section 8 Township 16S Range 30E , N.M.P.M. Eddy County

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)
W.W.

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquid, give location of tanks.	Unit	Sec.	Top.	Rge.	Is gas actually connected?	When
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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	Some Restr. Perf. Red.
Is spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Locations (Dr., P.D., T., CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth				
Locations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

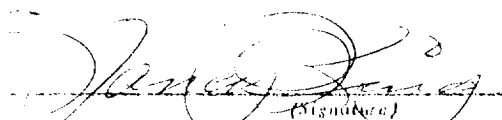
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Test Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

SHUT-IN

Test Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Shut-in Prod. (Prod. Back In)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

STATEMENT OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Agent
October 7, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED 286171100 OCT 14 1982
Original Signed By
BY Lushe A. Clements
Supervisor District 19
TITLE _____

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 test results taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable or not and accompanied with.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.