

Operator  
Kay Jay Oil Co.

Well Aff No.  
30-015-03898

Address  
885 E. Aberdeen Rd, Hagerman NM 88232

Reason(s) for Filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Operator  
☐ Change of operator give name  
☐ Change of address of previous operator

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

Other (Please explain)  
Zia Enterprises P.O. Box 1306 Artesia NM 88210

I. DESCRIPTION OF WELL AND LEASE

Well Name  
S.W. Henshaw

Well No.  
7

Pool Name, Including Formation  
S.W. Henshaw Premier

Kind of Lease  
State, Federal or Fee

Lease No.  
NM 0560379

Location  
Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line  
Section 17 Township 16-S Range 30-E, NMPM, EDDY, NM County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
NAVAJO Ref. Co

Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 159 Artesia NM

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 liquids, ☐ Unit F Sec. 17 Twp. 16-S Rge. 30-E Is gas actually connected? ☒ When? 170

Location of tanks.

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  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

TEST DATA AND REQUEST FOR ALLOWABLE

III. 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 Posted ID-3 7-31-92

Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF 6.4 mg of

IV. GAS WELL

Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MCF  Gravity of Condensate

Flowing 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

Title  
505-752-3354

Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
JUL 29 1992

By  
ORIGINAL SIGNED BY

Title  
MIKE WILLIAMS

SUPERVISOR, DISTRICT II