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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes O.M.C.-104 and C-1
Effective 1-1-65

OCT 7 1982

O. C. D.

ARTESIA, OFFICE

Kay Jay Oil Company / (George R. Locker DBA Kay Jay Oil Company)

P.O. Box 2436, Midland, Texas 79072

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Consent	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐
Change effective May 1, 1982			

If 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 No. Pool Name, including Formation		Kind of Lease		Lease No.	
S.W. Henshaw Premier Unit		11 West Henshaw Grayburg		State, Federal or Free		Federal	
Location		Unit Letter		L		1980	
		Feet From The		South		Line and	
		660		Feet From The		West	
Line of Section		17		Township		16S	
		Range		30E		N.M.P.M.	
				Eddy		County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☐				WIW	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐				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	

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			
				Stimulate			
Date Spudded				Date Compl. Ready to Prod.			
				Total Depth			
Elevations (D.F., R.N.D., R.T., G.R., etc.)				Name of Producing Formation			
				Top Oil/Gas Pay			
Perforations				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE	

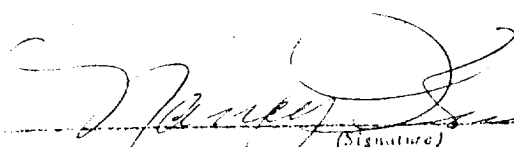
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed in all able for this depth - be for full 24 hours)

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

GAS WELL		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate	
Testing Method (Flow, back, etc.)		Testing Pressure (Shut-in)		Casing Pressure (Shut-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 here is true and complete to the best of my knowledge and belief.


Agent
October 7, 1982
(Date)

OIL CONSERVATION COMMISSION

OCT 14 1982

APPROVED _____, 19

Original Signed By

U.Y. _____

Supervisor District II

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 a well tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable even if only recompleting a well.

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