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| NAME OF FIELD          |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| LOCATION OF FIELD      |     |
| OFFICE                 |     |

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

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

OCT 7 1982

O. C. D.

ARTESIA, OFFICE

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

Address

P.O. Box 2436, Midland, Texas 79702

Reason(s) 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                 | Well No. | Pool Name, including Formation | Kind of Lease          | Lease No.       |
| S.W. Henshaw Premier Unit | 5        | West Henshaw Grayburg          | State, Federal or Free | Federal NM-0610 |

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 18 Township 16S Range 30E, NMM, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| WIW                                                                                                           |                                                                          |
| 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,<br>give location of tanks.                                                      | Unit Sec. Twp. Rge. Is gas actually connected? When                      |

If 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 | Shut-in | Full Flow |
| Is plugged                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |         |           |
| Locations (DF, RAB, RT, CR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Telling Depth     |           |         |           |
| Observations                       |                             |          |                 |          | Depth Casing Shoe |           |         |           |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE  
H. 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)

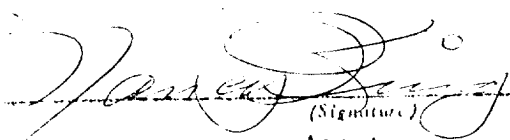
|                            |                 |                                               |            |
|----------------------------|-----------------|-----------------------------------------------|------------|
| First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas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

AS WELL,

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Test Method (Flow, Test-MCF/D)  | Length of Test            | Lbbls. Condensate/MCF     | Gravity of Condensate |
| Testing Method (Flow, Test-MCF) | Tubing 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 above is true and complete to the best of my knowledge and belief.

  
(Signature)

Agent

October 7, 1982

(Date)

OIL CONSERVATION COMMISSION

OCT 14 1982

APPROVED \_\_\_\_\_, 19

Original Signed By

BY Leslie A. Clements

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

All portions of this form must be filled out completely for allowable on new and recompleted wells.

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