

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROLATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION AND REPORT OF OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

I.

Operator J CLEO THOMPSON	
Address 4500 REPUBLIC BANK TOWER, DALLAS, TX 75201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) REQUEST TEST ALLOWABLE. 250 bbl. WELL COMPLETED OPEN HOLE 3022', March 1984 SEPT. 26, 1942 2910-3022 ✓ San Andres	
If change of ownership give name and address of previous owner NO	

II. DESCRIPTION OF WELL AND LEASE

Lease Name JACKSON STATE	Well No. 8	Pool Name, Including Formation SQUARE LAKE-Grayburg-SA	Kind of Lease State, Federal or Fee STATE	Lease No. B-6973
Location Unit Letter N ; 660 Feet From The SOUTH Line and 1980' Feet From The WEST				
Line of Section 36 Township 16S Range 30E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) NO. FREEMAN AVE., ARTESIA, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 6666, ODESSA, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 16S	Rge. 30E	Is gas actually connected? <input type="checkbox"/> When NO

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. 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.

Jack M. Myers
(Signature)
AGENT

(Title)

3/16/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 19 1984
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 deep well, this form must be accompanied by a tabulation of the depth tests taken on the well in accordance with RULE 111.

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

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