

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-111

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
MAR 02 1984
O. C. D.
ARTESIA, OFFICE

Operator J CLEO THOMPSON

Address 4500 REPUBLIC BANK TOWER, DALLAS, TX 75201

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/27/84
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

If change of ownership give name and address of previous owner NO

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input checked="" type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>JULY 30, 1942</u>	Date Compl. Ready to Prod. <u>SEPT. 26, 1942</u>		Total Depth <u>3060'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3750</u>	Name of Producing Formation <u>GREYBURG-SAN ANDRES</u>		Top Oil/Gas Pay <u>2910-3022</u>		Tubing Depth <u>2990'</u>			
Perforations <u>OPEN HOLE 2910-3022</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8" - 28#	550'	50
	7" - 20#	2450'	50
	4 1/2" - 10.5#	2867'	250

V. 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)

OIL WELL

Date First New Oil Run To Tanks <u>2/23/84</u>	Date of Test <u>2/28/84 to 2/29/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure <u>10#</u>	Casing Pressure <u>10#</u>	Choke Size <u>PUMPING</u>
Actual Prod. During Test <u>16.00</u>	Oil - Bbls. <u>16.00</u>	Water - Bbls. <u>LOAD WATER</u>	Gen - MCF <u>47</u>

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)
2/29/84
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 27 1984
BY Leslie A. Clement
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the downer 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.