

CORRECTED REPORT
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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

RECEIVED BY

AUG 17 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
J. CLEO THOMPSONAddress
4500 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jackson St.	Well No. 8	Pool Name, Including Formation Square Lake - G-S.A.	Kind of Lease State, Federal or Fee State	Lease No. V-733
Location SE $\frac{1}{4}$ SW $\frac{1}{4}$ 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>16 S</u> Range <u>30 E</u> , 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 Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	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? NO	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded July 30, 1942	Date Compl. Ready to Prod. Sept. 26, 1942	Total Depth 3060'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3750'	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 2910- 3022	Tubing Depth 2990'					
Perforations Open Hole 2910-3022			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 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)

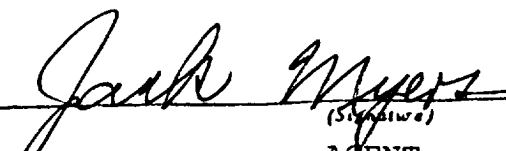
Date First New Oil Run To Tanks 2-23-84	Date of Test 2-28-84 to 2-29-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 10#	Casing Pressure 10#	Choke Size Pumping
Actual Prod. During Test 16.00	Oil-Bble. 16.00	Water-Bble. Load Water	Gas-MCF 47

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
AGENT
(Title)
8-13-84
(Date)

OIL CONSERVATION DIVISION

AUG 28 1984

APPROVED _____, 19____

BY _____
Original Signed By
Leslie A. Clements
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections 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 condition.
Separate Form C-104 must be filed for each pool in multiple completed wells.