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LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	2
PROBATION OFFICE	

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

Form C-104
Supersedes C-104 and C-105
Effective 1-1-65

RECEIVED

JUN 20 1969

Operator
Ryder Scott Management Company

O. C. C.
ARTERIA, OFFICE

Address
922 - 8th Street, Wichita Falls, Texas 76301

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

If change of ownership give name
and address of previous owner

Lease Name Kennedy Johnson A	Well No./ Pool Name, Including Formation 1 GBR Jackson, Queen Cbr. SA	Kind of Lease State, Federal or Fee	Lease No. LC 056302-
Unit Letter F	1980 Feet From The N	Line and 1980	Feet From The W
Block 35	Township 16	Range 31	NMPM, Eddy County

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Najayo Refining Co., Pipe Line Division	No. Freeman Ave., Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
none						
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp. 16	Rge. 31	Is gas actually connected? no	When

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OB, RND, 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. FLOW TEST 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)

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
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing method (Flow, 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.

Jean S. Helser
Agent
(Signature)
June 17, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1969
BY W. A. Gressett
DIRECTOR

TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or completed 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 Forms C-104 must be filed for each pool in multiply completed wells.