STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR .			OR ALLOWABLE	ARTER D			
	AUTHO		SPORT OIL AND NAT	URAL GAS			
S & J Operating C	ompany V						
Address P. O. Box 2249, W	ichita Fall	s, Texas 763	307				
Reeson(s) for filing (Check prope New Well Recompletion Change in Control Oper	box) Change Oli	in Transporter of:	Other (Plea.	se explain)			
If change of ownership give name Previous Operator - Joe L, Tarver							
Lease Name	111	. Pool Name, including i		Kind of Lease	Lease No.		
South Red Lake (Gra	yburg) 14	Red Lake (Gi	cayburg)_SVA	State, Federal of FeeFederal	<u>LC 050158</u>		
Unit Letter <u>H</u> ;	2080_Feet Fr	om The North L	ne and560	East			
Line of Section 35	Township ]	7S Range	27E , NMPI	n, Eddy	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter o	1011 X or (	Condensate		to which approved copy of this form i.	to be sent		
Navajo Refining C	moanv		P. O. Frawer	159, Artesia, New Mex	ico 88210		
Name of Authorized Transporter o			Address (Give address	to which approved copy of this form is Post I	D-3		
If well produces oil or liquids, give location of tanks.	Unit Se C 3	· · · ·	is gas actually connect	12-11-	- 87		

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## · 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 is true and complete to the best of my knowledge and belief.

Petroleum Engineeu (Tile) November 12, 1987 (Date)

APPROVED	DIVISION				
8Y	Original	Signed By		19	
TITLE		Williams as Inspector	· · · · · · · · · · · · · · · · · · ·		

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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 transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

## IV. COMPLETION DATA

Designate Type of Complet	ion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen ;	Plug Back	Same Resty. Diff. Resty
Date Spudded	Date Comp	. Ready to P	Prod.	Total Dept	h	<u></u>	P.B.T.D.	
9/13/54	1/4/55			1621'		1621'		
Elevenions (DF. RKB, RT, GR, etc.)	Name of P	Name of Producing Formation		Top OU/Ge	is Pay		Tubing Depth	
3614' GR	Grayburg		1609'		N/A			
Perforations							Depth Casir	
<u> </u>	L' (OH)						1 1	.598'
		TUBING,	CASING, AN	CEMENTI	NG RECORD	>	· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	CASI	NG & TUBI	NG SIZE	DEPTH SET		SA	CKS CEMENT	
<u>N/A</u>	5 1	<u>./2"</u>		159	8"			51
				<u> </u>				
				<u>↓</u>				
				1				

## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 houre;

Date First New Oil Run To Tanks	Date of Test	Producing Mothod (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Cheke Size	
Actual Prod. During Test	Cil - Bhis.	Water - Bbis.	Gas - MCF	

## GAS WELL

Actual Pros. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Teoling Mothed (pital, back pr.)	Tubing Proceure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size

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