

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
BILL JONES OIL COMPANY ✓

Address  
BOX 2606, ODESSA, TEXAS 79760

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter (L)	<input type="checkbox"/>	Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	License	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

INJECTION WELL

If change of ownership give name and address of previous owner  
DUN OIL COMPANY, BOX 1861, MIDLAND, TEXAS 79701

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>DAVIS FEDERAL</b>		Well No. <b>12</b>	Well Name, including Location <b>HIGH LONESOME JULEN</b>	Kind of Lease State, Federal or Other <b>FEDERAL</b>	Lease No. <b>068077</b>
Location Unit Letter <b>D</b> Section <b>1310</b> Feet From The <b>NORTH</b> Line and <b>1310</b> Feet From The <b>WEST</b> Line of Section <b>15</b> Township <b>10S</b> Range <b>10E</b> <b>1</b> DDY County					

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Natural Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
NONE						
Name of Authorized Transporter of Stringhead Gas <input type="checkbox"/> or City Gas <input type="checkbox"/>					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.	Cell	Sec.	Trap	Base	Is gas actually connected?	When

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

#### IV. COMPLETION DATA

<b>COMPLETION DATA</b>						
<b>Designate Type of Completion -- (X)</b>	Oil Well	Gas Well	New Well	Workover	Tieback	Spare Res'ty.
Date Spudded	Date Comm'd. Ready to Prod.	Total Depth				
Elevations ( <i>D.F., R.A.H., RT., G.R., etc.</i> )	Name of Producing Formation	Top of Gas Pay				
Perforations	Depth Casing Shoe					
<b>TUBING, CASING, AND CEMENTING RECORD</b>						
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## I. 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.

Betty R. Murren  
(Signature)

SECRETARY-TREASURER  
(Title)

~~APRIL 1, 1971~~ (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 4 1971 19

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Grossett

TITLE                      **OIL AND GAS INSPECTOR**

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 allowance 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

