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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator S & J Operating Company	Well API No. 30-015-05935
Address P O Box 2249, Wichita Falls, Texas 76307	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Plug back from Abo
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Red Lake Grayburg Ut	Well No. 51	Pool Name, Including Formation Red Lake Queen, GB-SA	Kind of Lease State, Federal or Fee	Lease No. State
Location Unit Letter <u>K</u> : <u>1650'</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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"/> Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>RECEIVED</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgn.
Is gas actually connected?	When ? AUG - 2 '90	

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 <input checked="" type="checkbox"/>	Same Res'y. <input type="checkbox"/>	Diff. Res'y. <input type="checkbox"/>
Date Spudded N/A	Date Compl. Ready to Prod. 6/22/90	Total Depth 5870		P.B.T.D. 1813				
Elevations (DF, RKB, RT, GR, etc.) 3623 KB, 3612 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 1742		Tubing Depth 1764				
Perforations 1742-1784						Depth Casing Shoe 5865'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8		1100		450			
7 7/8"	5 1/2		5865		750			

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 Tank 6/29/90	Date of Test 6/29/90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr.	Tubing Pressure --	Casing Pressure 70	Choke Size --
Actual Prod. During Test 50	Oil - Bbls. 50	Water - Bbls. 375	Gas- MCF <u>X</u> <u>757M</u>

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

VI. OPERATOR 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.

Sandy Robertson
Signature
Sandy Robertson Petroleum Engineer
Printed Name
7/30/90 Title
Date (817) 723-2166
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 30 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.