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

Form C-104
Superseding Old C-104 and
Additive 1-1-65

JUL 24 1979

OFFICE
ARTESIA, NEW MEXICO

1. Operator **B & J PRODUCTION COMPANY**

Address **512 W. Texas Ave. Artesia, N. M. 88210**

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐

If change of ownership give name and address of previous owner **Betrice Bedingfield 512 W. Texas Ave. Artesia, N. M. 88210**

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
STATE	6	Red Lake Q-G-SA	State, Federal or Free	E379

Location

Unit Letter **M** : **330** Feet From The **S** Line and **920** Feet From The **W**

Line of Section **36** Township **17S** Range **27E** , N.M.P.M. **Eddy**

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipeline Division	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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	36	17S	27E		

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Treat.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, 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

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed production 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

Posted
28.3.79
JRS

6. GAS WELL

Actual Prod. Test-MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate

Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

7. 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.

Ruth A. Henry
(Signature)
Accountant
(Title)
7-24-79
(Date)

8. OIL CONSERVATION COMMISSION

APPROVED **AUG 3 1979**

BY *W. A. Gressett*
TITLE **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 deep well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells on new and completed wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.