

OIL CONSERVATION DIVISION

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

RECEIVED
AUG 17 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| erator JFG Enterprise | Well API No. 30-015-10205 |
| dress P.O. Box 100, Artesia, New Mexico 88211-0100 | |
| ason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | |
| ow Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Re-entry |
| ompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| ange in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

hange of operator give name
address of previous operator

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| ase Name Humble State 23 | Well No. 1 | Pool Name, Including Formation Undesignated Premier | Kind of Lease State, Federal For Fee | Lease No. LG-6339 |
| cation Unit Letter <u>I</u> : <u>972</u> Feet From The <u>East</u> Line and <u>1989</u> Feet From The <u>South</u> Line Section <u>23</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| me of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210 |
| me 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) |
| well produces oil or liquids, e location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When ? <u>I</u> <u>23</u> <u>17S</u> <u>28E</u> <u>No</u> |

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

COMPLETION DATA

| | | | | | | | | |
|---|--|-------------------------|---------------------------|----------|--------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| ate Spudded 7-26-93 | Date Compl. Ready to Prod. 8-6-93 | Total Depth 2228 | P.B.T.D. 2218 | | | | | |
| evations (DF, RKB, RT, GR, etc.) 3699 GR | Name of Producing Formation Premier | Top Oil/Gas Pay 2180 | Tubing Depth 2170 | | | | | |
| forations 2184-2194 | | | Depth Casing Shoe 2228 | | | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11 | 8 5/8 | 508 | 275 SX |
| 7 7/8 | 5 1/2 | 2228 | 350 SX |
| | | | <u>Post 20-3</u> <u>9-10-93</u> <u>camp & BK</u> |

TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|---|-------------------------|--|--------------------|
| L 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.) | | | |
| te First New Oil Run To Tank 8-11-93 | Date of Test 8-11-93 | Producing Method (Flow, pump, gas lift, etc.) Pumping Unit 2" x 1 1/2 x 12' | |
| ngth of Test 8 hrs. | Tubing Pressure 26 | Casing Pressure 26 | Choke Size Open |
| utual Prod. During Test 17 | Oil - Bbls. 2 | Water - Bbls. 15 | Gas- MCF TSTM |

AS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| utual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| isting Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

I. 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.

Signature James Guy Title Pastuer
Printed Name James Guy Telephone No. (505) 746-9811
Date 8/11/93

OIL CONSERVATION DIVISION

Date Approved AUG 24 1993

By ORIGINAL SIGNED BY
MIRE 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.