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

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

[DISTRICT III]  
P.O. Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

OCT - 9 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Fred G. Jones (dba ZIA Enterprises) Well API No. 1630-015-20458

Address P.O. Box 1306 Artesia, NM 88210

Section(s) for Filing (Check proper box)

new Well ☐ Change in Transporter of:  
completion ☐ Oil ☐ Dry Gas ☐  
change in Operator ☒ Casinghead Gas ☐ Condensate ☐

change of operator give name and address of previous operator Geo. R. Locker dba Kayjay Oil Co 1242436 Midland Tex

DESCRIPTION OF WELL AND LEASE

Well Name <u>S.W. Henshaw Premier</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>W. Henshaw Grayberg</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM 0610</u>
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u> Line Section <u>18</u> Township <u>16S</u> Range <u>30E</u> NMIM, <u>EDDY</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Address of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO Ref.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia NM 88210</u>
Address 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, location of tanks. Unit <u>F</u> Sec. <u>17</u> Twp. <u>16S</u> Rge. <u>30E</u>	Is gas actually connected? <u>NO</u> When ?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Measurements	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>10-18-91</u>
			<u>shg op</u>

TEST DATA AND REQUEST FOR ALLOWABLE

IF 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.)

First New Oil Run To Tank	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

IF 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

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 Fred G. Jones Owner  
Printed Name Fred G. Jones Title  
Date 10-8-91 Telephone No. 505-746-6100

OIL CONSERVATION DIVISION

Date Approved OCT 10 1991

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.