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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
MAR 31 1986
O. C. D.
OIL CONSERVATION DISTRICT

Operator
J. B. ADAMSON
Address
34 Blevins Road, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Also Change of Operator.
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner JFG ENTERPRISE, P. O. Box 100, Artesia, N. M. 88211-0100

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf-Fluss	Well No. 1	Pool Name, including Formation East Empire Yates 7-R	Kind of Lease State, Federal or Fee State	Lease No. 2029
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The East Line of Section 22 Township 17S Range 28E, NMPM, Eddy County				

III. 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) Box 159 H-1					
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 P	Sec. 22	Twp. 17	Pge. 35	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

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DE, 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 Post FD-3 4-11-86 Chg Op			

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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

J.B. Adamson
(Signature)
Operator
(Title)
3-28-86
(Date)

OIL CONSERVATION COMMISSION
APR 8 1986

APPROVED _____, 19____
Original Signed By
BY _____ Les A. Clements
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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition.