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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL ☒ GAS ☐	
OPERATOR		1
PRODUCTION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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JUL 9 1980

O. C. D.
ARTESIA, OFFICE

I.

Operator J D R Ltd. ✓	
Address Box 648 Artesia, N. Mex. 88210	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brooks	Well No. 24	Pool Name, including Formation Empire Y-SR	Kind of Lease State, Federal or Fee State	Lease No. LT-050349A
Location				
Unit Letter D	990	Feet From The N	Line and 330	Feet From The W
Line of Section 19	Township 17	Range 26	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, N. Mex. 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 E	Sec. 19	Twp. 17	Rge. 28
	Is gas actually connected?		When	
	No			

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 Resv. ☐	Diff. Resv. ☐
Date Spudded 1-7-80	Date Compl. Ready to Prod. 6-20-80		Total Depth 571		P.B.T.D. 561			
Elevations (DF, RAB, RT, GR, etc.) 3567 Gr	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay Yates 523		Tubing Depth 555			
Perforations Open Hole 523-61					Depth Casing Shoe 523			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 3/4	8 5/8		10'		Ready Mix			
7 7/8	5 1/2		523'		150 sk Circ. 25 sk			

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 6-23-80	Date of Test 6-24-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr	Tubing Pressure 107	Casing Pressure 0	Choke Size none
Actual Prod. During Test 2.5 Bbbls	Oil-Bbbls. 1	Water-Bbbls. 1.5	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

Delton Bell
General Partner

7-6-80

(Date)

OIL CONSERVATION COMMISSION

JUL 10 1980

APPROVED _____, 19

BY *W. A. Gussitt*
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.