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Appropriate District Office
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DISTRICT III
1000 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

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 <u>J F G ENTERPRISE</u>	Well API No. <u>3001523217</u>
Address <u>P.O. Box 100, ARTESIA, New Mexico</u>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>Request Test Allowable of 750 Bbls For June 1993.</u>	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico "CY" STATE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WILDCAT</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>LG-6339</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>23</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVATO CRUDE OIL PURCH</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. DRAWER 159</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GPM GAS CORP.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 5050 BARTLESVILLE, OK 74005</u>					
If well produces oil or liquids, give location of tanks. <u>J</u>	Unit <u>23</u>	Sec. <u>17S</u>	Twp. <u>28E</u>	Rge. <u>Yes</u>	Is gas actually connected? <u>4/21/81</u>	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <u>5/15/80</u>	Date Compl. Ready to Prod.		Total Depth <u>11000</u>		P.B.T.D. <u>8322</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3709</u>	Name of Producing Formation <u>LOWER Abo</u>		Top Oil/Gas Pay <u>6930 - 7055</u>		Tubing Depth <u>6890</u>			
Perforations <u>6930'-34': 6945'-70': 6987'-90': 7031'-7033': 7042'-7048': 7053'-55': 2.6 Holes</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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

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

VI. 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 E. Guy
Printed Name JAMES E. GUY Title PATROL
Date 505-746-9811 Telephone No.

OIL CONSERVATION DIVISION

JUN 30 1993

Date Approved

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.