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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED BY
MAR 31 1986
O. C. D.
ARTESIA, OFFICE

Operator
J. B. ADAMSON
Address
34 Blevins Road, Artesia, New Mexico 88210
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐ Also change of operator.
Change In Ownership ☒ 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 Camille Well No. 3 Pool Name, including Formation East Empire Yates 7-R Kind of Lease State, Federal or Fee State Lease No. B-1969
Location
Unit Letter I : 1650 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)
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 Sec. Twp. Rge. 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. Unit. Res't.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, 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 TD-3
4-11-86
Chg op

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)
OIL WELL
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/MMCF 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
Original Signed 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 available tests taken on the well in accordance with RULE 111.
All portions 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 conditions.