HO. OF COMICS RECEIVED	1 - 7			
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-	
FILE	AND		EIRECEIVED	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	— 	
LAND OFFICE				
TRANSPORTER OIL V		EFFECTIVE DA 5-1-88	17e APR 19188	
OPERATOR V			₩. C. p	
PRORATION OFFICE Operator			APTERIA OFFICE	
JFG EN	terprise			
Address - Bex 100, Ar	tesiA, N.M. 882	.10		
Reason(s) for filing (Check proper	box)	Other (Please explain)		
New Well	Change in Transporter of:	_		
Recompletion	Oil X Dry Go			
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give name and address of previous owner		102, Box 1600, mid	11AND, TX 79702	
DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including F	formation Kind of Le	ase Lease No.	
Ryan Federal	2 High Lowesom	\	eral or Foo 9987	
	·			
 	780 Feet From The Worth Lin			
Line of Section	Township / 6 S Range	29E , NMPM, E	Eddy County	
DESIGNATION OF TRANSPO	OIL Or Condensate	AS Address (Give address to which app	proved copy of this form is to be sent;	
i		!		
Name of Authorized Transporter of	Co. Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. H 19 165 29E		When	
	with that from any other lease or pool,			
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
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	
	TURING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			Post FD-3	
			4-22-88	
		`	chy op	
TEST DATA AND REQUEST		after recovery of total volume of load of epith or be for full 24 hours)	oil and must be equal to or exceed top allo	
OIL WELL Date First New Cil Run To Tanks	Date of Test			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
Actual / loss Balling Tool				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	VATION COMMISSION	
I havaby carrify that the enter o	nd regulations of the Oil Conservation		2 0 1988, 19	
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. (Signature)		BY Original Signed By		
		Mike Williams		
		TITLE	as Inspector	
		1	This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.		

All sections of this form must be filled out completely for allow able 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 multipl

PArtner

(Title) -19-88 (Date)