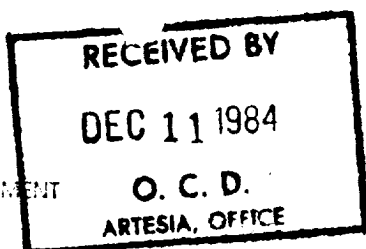


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 00-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Joe L. Tarver	
Address c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241	
Recovery for filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

LC-055561

Lease Name So. Red Lake Grayburg Unit	Well No. 45	Pool Name, including Formation Red Lake Grayburg-SA	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>1661</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None TSTM	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 I	Sec. 35
	Twp. 17S	Rge. 27E
	Is gas actually connected? No	When Post ID-2 1-11-85 Camp + BK

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Donna H. Hays
(Signature)
Agent
(Title)
11-29-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 11 1985, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.

IV. WELL LOG DATA

Indicate Type of Completion -- (X)		Oil Well	Gas Well	Hot Well	Water Well	Other	Flow Test	Shut-in Test	Test Results
		X		X					
Date	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
9/28/83	12/5/83		1875		1870				
Production (ST, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth				
3559.3 GR	Grayburg		1383		1658				
					Depth Casing Shoe				
					1875				
TELLING CAVING, STRENGTH, ETC.									
Depth	Casing & Tubing Size		Depth		Size of Casing				
12 1/4	8 5/8		120		60				
7 7/8	5 1/2		1875		425				
	2 3/8		1658						

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 casing shoe for this depth or be for full 24 hours)

Date of Test	Date of Test	Producing Method (if flow, pump, gas lift, etc.)	
12/5/83	11/5/84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Water-Blow Test	Oil-Blow	Water-Blow	Gas-MCF
	2	10	TSTM

VI. TEST DATA

Test Method (Flow, Casing, etc.)	Length of Test	Blow Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, Casing, etc.)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size