RECEIVED BY MAR 14 1986 O. C. D. ARTESIA, OFFICE OIL CONSERVA SANSIA FE NEW	K 2088			
CAND OFFICE OIL MAR 1 2 1986 EQUET FOR ANTHORIZATION OFFICE ANTHORIZATION TO TRANSPO	ID			
I. OFFICE				
Operator	•			
J. Cleo Thompson				
Address				
4500 Republic Bank Tower, Dallas, Texas 75201				
Reason(s) for filing (Check proper box)	Other (Please explain)			
	Gree			
Recompletion Oil Dry	r Gas			
Change in Ownership Casinghead Gas Cor	ndensate			
If change of ownership give name and address of previous owner	Share Fordered at Fee			
Location				
Unit Letter P : 660 Feet From The South Line	and <u>1295</u> Feet From The <u>East</u>			
Line of Section 35 Township T-165 Range 3	OE , NMPM, Fddv County			
Line of Section JJ Township 1-103 Adage J				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Oli 🔀 or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company	Box 159 Artesia, New Mexico 38210			
Name of Authorized Transporter of Casinghead Gas 🔯 or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum	Bartlesville, Oklahoma			
if well produces oil or liquids, Unit Sec. Twp. Rgs.	onit joes trup. The second sec			
give location of tanks. P 13 TI6S 30E	Yes 2-18-86			
If this production is commingled with that from any other lease or pool, a	give commingling order numbers NO			
second of the Deve III and II an assessed in the second				
NOTE: Complete Parts IV and V on reverse side if necessary.				
	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE				
	APPROVED SEP 5 1986			
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	Original Signed By			
my knowledge and belief.	Les A. Clements			

ais	lannady	
Agent	(Signature)	
2-11-86	(Tiele)	
	(Date)	

- Dopervisor District ||

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 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 multiply completed wells.

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## IV. COMPLETION DATA

Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-3-85	1-23-86	3960	3675
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
3781.5 GL	GB-SA	2963	3623.6:
Perforations			Depth Casing Shoe
2963 - 3650			3870
• • •	TUBING, CASING, AN	D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	12 3/4	287	315 sys C
12 4	9.5/8	535	150 SXS C 4% CAC
7 7/8	5 1/2	3870	1300 sxs Pacesett
	278	3623.65	_light

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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
2-18-86	2-18-86	PUMP	Pump		
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs.	40	40			
Actual Prod. During Test	оц-вые.	Water - Bble.	Gas • MCF		
57	57	74	· 31		

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teeting Method (pilot, back pr.)	Tubing Proceure ( Shat-in )	Casing Pressure (Shut-1.2)	Choke Size