

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NOV 04 '88

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator S & J Operating Company	
Address P. O. Box 2249, Wichita Falls, TX 76307	
Reason(s) for filing (Check proper box)	Other (Please explain)
<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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Red Lake Grayburg	Unit 47	Pool Name, including Formation Red Lake-Queen GB-SA	Kind of Lease State, Federal or Fee	Lease No. B-8318-94
Location				
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>36</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"/>	Address (Give address to which approved copy of this form is to be sent)														
Navajo Refining Company	P. O. Drawer 159, Artesia, New Mexico 88210														
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)														
<table border="1"> <tr> <td>If well produces oil or liquids, give location of tanks.</td> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> <td>Is gas actually connected?</td> <td>When</td> </tr> <tr> <td></td> <td>C</td> <td>35</td> <td>17S</td> <td>27E</td> <td>No</td> <td></td> </tr> </table>		If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		C	35	17S	27E	No	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When									
	C	35	17S	27E	No										

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.

Mandy Robertson
(Signature)
Petroleum Engineer
(Title)
October 25, 1988
(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 8 1988, 19 _____
BY Original Signed By
Mike Williams
TITLE _____

This form is to be filed in compliance with RULE 1404.
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. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded 10/10/88	Date Compl. Ready to Prod. 10/22/88		Total Depth 1775		P.B.T.D. 1755				
Elevations (L 3617 GR' RT, CR, etc.)	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1697		Tubing Depth 1700				
Perforations 1697' - 1708', 1729' - 1733'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		370		225 SX			
7 7/8		5 1/2		1774		400 SX			
5 1/2		2 7/8		1700					

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)

Date First New Oil Run To Tanks 10/25/88	Date of Test 10/28/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure -	Casing Pressure 30	Choke Size -
Actual Prod. During Test	Oil - Bbls. 70	Water - Bbls. 92	Gas - MCF 1

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size