

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEC 20 1973

DISTRIBUTION	
STATE	
FEDERAL	
G.S.	
LOCAL OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator	J.M. Resources, Inc. ✓			O. C. C.
Address	500 Marquette, N. W. Suite 1620, Albuquerque, New Mexico 87102			ARTESIA, OFFICE
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
If change of ownership give name and address of previous owner				

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Prod. Name, No.	Kind of Lease	Lease No.
Com. to	5	Com. Gas, No.	State, Federal or Fee	111002
Location				
Unit Letter	D	Feet From The	North	600
		Feet From The	West	
Line of Section	+	Township	17	Range
			29	Ec.
, NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Give address to which approved copy of this form is to be sent
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	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.	Range
				County

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		P.S.T.D.				
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation		Gas Pay		Tubing Depth		
Perforations			Depth Casing Shoe				
TUBING, CASING, AND COMPLETING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be run for a minimum of total volume of load oil and must be equal to or exceed top allowable for this formation for 24 hours)

Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Well Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Shut-in Pressure/MMCF	Gravity of Condensate
Testing Method (piros, back pr.)	Tubing Pressure (Shut-in)	Well 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.

Lewis G. Janczon (Signature)
President (Title)
December 11, 1973 (Date)

OIL CONSERVATION COMMISSION

APPROVED W. A. Gressett, 19
OIL AND 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 taken on the well in accordance with RULE 1111.

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.