

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

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

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

JAN 1 1974

I. OPERATOR

Operator J. Resources, Inc. T. D. D.

Address Box 1020 Albuquerque, NM 87102

Reason(s) for filing (check proper box)

New Well ☐ Change in Transporter ☐ Other (Please explain)

Recompletion ☐ Oil ☐

Change in Ownership ☐ Casinghead Gas ☐

If change of ownership give name and address of previous owner Robert J. Irivell Box 40, Artesia,

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Loc. Name, Tract, etc.	Kind of Lease	Lease No.
<u>ave pool nit</u>	<u>40</u>	<u>ave gray arch</u>	<u>State, Federal or Fee</u>	<u>42-0</u>
Location	Unit Letter	Feet From The	Feet From The	
	<u>B</u>	<u>2310</u>	<u>660</u>	
Line of Section	Township	Range	County	
<u>4</u>	<u>175</u>	<u>2</u>	<u>ddy</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Write 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"/>	Write address to which approved copy of this form is to be sent
If well produces oil or liquids, give location of tanks.	Unit
	Sec.
	Dep.
	Wells
	Are they connected? When

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation						
Perforations							
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

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

resident (Signature)

resident (Title)

1-3-74 (Date)

OIL CONSERVATION COMMISSION

APPROVED W. A. Gracett 19 74

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 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, name or number, or transporter, or other such change of condition.