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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

RECEIVED BY AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 23 1987
O. C. D.
ARTESIA, OFFICE

Operator JFG Enterprise	
Address P.O. Box 100, Artesia, N.M. 88211-0100	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-24-87</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Beeson Federal	Well No. 1-Y	Pool Name, including Formation Grayburg-Jackson-SP-2-G-5A	Kind of Lease Lease, Federal or Lease	Lease No. NM-0558581
Location Unit Letter <u>G</u> ; <u>2160</u> Feet From The <u>North</u> Line and <u>2160</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>17S</u> Range <u>30E</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"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
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)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 17S	Rge. 30E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-22-87	Date Compl. Ready to Prod. 7-14-87		Total Depth 3650'		P.B.T.D. 3627'			
Elevations (DF, RKB, RT, GR, etc.) 3605 GR	Name of Producing Formation Grayburg-Jackson		Top Oil/Gas Pay 3276'		Tubing Depth 3563'			
Perforations 31 holes @ 3276'-3292', 24 holes @ 3486'-3498'			Depth Casing Shoe 3650'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		525'		350 sks Prem. w/2% Cal.Ch.			
7 7/8"	5 1/2" 15.5#		3650'		350 sks 1 1/4" FlowSeal			
	2 3/8" 4.7#		3563'		525 sks 50/50 Pos. Class			
					(w/2% Gel. 4/10% Halid 4.			
					(2/10 CFR 2, 5# Salt			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 7-18-87	Date of Test 7-20-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure 28	Casing Pressure 28	Choke Size None
Actual Prod. During Test 45	Oil-Bbls. 45	Water-Bbls. 26	Gas-MCF 20

GAS WELL

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

L. S. Fletcher
(Signature)

Agent

(Title)

7-22-87

(Date)

OIL CONSERVATION COMMISSION

JUL 24 1987

APPROVED _____, 19

BY _____ Original Signed By

Les A. Clements

TITLE _____ Supervisor 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 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