STATE OF NEW MEXICO	ENT				RECEIVED	Form C-104	
	0	Ρ.	RVATION O. BOX 2088 , NEW MEXI		UEC 02 87	Revised 10-01-78 Format 06-01-83 Page 1	
LAND OFFICE	AUTHOR		ST FOR ALLOW AND TRANSPORT OIL		O. C. D. ARTESIA: OFFICE:		
I. Operator							
S & J Operating Com	xany V		·····		····		
P. O. Box 2249, Wich	uita Falls.	Texas 7	6307				
Recon(s) for filing (Check proper b New Well Recompletion Change in COODER: OPER:	ox) Change in OII	Transporter of: nghead Gas	Dry Gas	Other (Please ex	wIW		<u> </u>
If change of ownership give name and address of previous owner	Previous	Operator	- Joe L. Ta	arver	·		
II. DESCRIPTION OF WELL A		Deel Mana Jack	Que 5				······
South Red Lake Gray		Red Lake	(Grayburg)	_ 1	ind of Lease ate, Federal or Fee	Stato 1	селе No. -6869-35
Location		1	1		· · · · · · · · · · · · · · · · · · ·		
Unit Letter G :	1650_ Feet From	n The North	Line and	<u>2197</u>	Feet From The]	East	
Line of Section 2 T	ownship 185	Ran	• 27E	NMPM.	Eddv		County
	10.5			,			county
III. DESIGNATION OF TRAN							
Name of Authorized Transporter of C		ondensäte	Address (Give address to w	which approved copy	of this form is to be	sent)
Navajo Refining Com		or Dry Gas (Box 159, 7	Artesia, New	Mexico 88	
Linning of Mariana Linningharter of a	·				D	zt ID-	
If well produces oil or liquids, give location of tanks.	Unit Sec. C 3		lge. is gas act 27E	NO	والانتصار والمستعد والتناكر ينتد والتقاد فالمناه	12-11-87	4
If this production is comminated a	with that from an	y other lesse or	pool, give comm	ungling order nu	imber:	and the	

a state the second

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.

(Signature) Petroleum Engineer (Tile) November 12, 1987 (Date)

C	IL CONSE			VISION		
APPROVED.	DEC	<u> </u>	1987		. 19	
8Y	Original	Sign	ed By			
TITLE	Mike					
	<u>C/11 / (9</u> /		THE CLORE			-

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 transporten 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 Comple	tion - (X)	011 Well X	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty
Date Spudded	Date Compl.	Ready to P	Prod.	Total Dept	, <u>, , , , , , , , , , , , , , , , , , </u>	.i	P.B.T.D.		·
4/7/48		5/13/48		1707'		1707'			
levelions (DF, RKB, RT, GR, etc.	Name of Prod	Name of Producing Formation		Top Oll/Ges Pay		Tubing Depth			
N/A	Graybu	Gravburg		1643 '		N/A			
Perforations							Depth Casir		
1643' - 1707' (OH)									
	1	TUBING,	CASING, AN	D CEMENTI	NG RECORD)			
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET		т	SACKS CEMENT		
N/A	7"			1542'			N/A		
		41/	/2"	1	643'			N/A	
				1	•				

V. IEST 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 houre)

Date First New Oil Rus. To Tanks	Date of Teet	Producing Method (Flow, pump, see lift	. etc.)
Longth of Tool	Tubing Processe	Casing Pressure	Choke Size
Actual Prod. During Test	Cii - Bhis.	Weter - 8bls.	Ges - MCF

GAS WELL

Actual Pred. Test-MCF/D	Length of Test	Bbis. Condensate/MBACF	Gravity of Condensate
Testing Mothed (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-is)	Choke Size