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U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

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

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

RECEIVED

I. OPERATOR  
Operator  
Bill Jones Oil Company  
Address  
Box 2606, Odessa, Texas 79760  
Reason(s) for filing (check proper box)  
New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner David C. Collier Box 798, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Jackson  
Well No./Pool Name, Including Formation 1 Red Lake Queen, GB, SA  
Kind of Lease State, Federal or Free Fee  
Location  
Unit Letter D 330 North 330 West  
Line of Section 18 Township 18S Range 27E Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX Admiral Crude Oil Corp  
Address (Give address to which approved copy of this form is to be sent) Box 1713, Midland, Texas 79710  
Name of Authorized Transporter of Casinghead Gas or Dry Gas None  
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 D Sec. 18 Twp. 18S Rge. 27E  
Is gas actually connected? 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)  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
Elevations (DF, RAB, RT, GR, etc.)  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
Perforations  
Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  
CASING & TUBING SIZE  
DEPTH SET  
SACKS CEMENT

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  
Date of Test  
Producing Method (Flow, pump, gas lift, etc.)  
Length of Test  
Tubing Pressure  
Casing Pressure  
Choke Size  
Actual Prod. During Test  
Oil-Bbls.  
Water-Bbls.  
Gas-MCF

GAS WELL

Actual Prod. Test-MCF  
Length of Test  
Net Condensate-MCF  
Gravity of Condensate  
Testing Method (pilot, 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.

Secretary-Treasurer

6-29-71

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1971  
BY W. A. Gressitt  
TITLE 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 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