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ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

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	GAS ✓
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PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator HAPPY OIL CO. INC.

Address Box 770, Artesia, N. M. 88210

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)
Change Operator, Effective 9-1-85 & Request Allowable

If change of ownership give name and address of previous Operator J E M Resources, Inc. Box 648 Artesia, N. M. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fair</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Atoka San Andres</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>W</u> Line and <u>330</u> Feet From The <u>N</u>				
Line of Section <u>24</u> Township <u>18</u> Range <u>26</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"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159, Artesia, N. M. 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartelsville, Ok. 74003</u> <u>Post ID-3</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>24</u>
	Twp. <u>18</u>	Rge. <u>26</u>
	Is gas actually connected? <u>No</u>	
	When <u>10-11-85</u> <u>Chg Op</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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]
(Signature)
Agent
(Title)
10-3-85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 11 1985, 19 _____

BY Original Signed By

Les A. Clements

TITLE Supervisor District II

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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 (Test must be after recovery of total volume of lead 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 RETEST	Date of Test 9-2-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs	Tubing Pressure 30#	Casing Pressure TSTM	Choke Size None
Actual Prod. During Test 20.5	Oil - Bbls. .5	Water - Bbls. 20	Gas - MCF TSTM

GAS WELL

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