	174m								
DISTRIBUTION	NEW MEXICO OIL CONSI REQUEST FOR	ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65						
ILE J.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED								
LAND OFFICE TRANSPORTER OIL 1 GAS	DEC 31 1981								
OPERATOR									
PRORATION OFFICE			O. C. D. RTESIA, OFFICE						
JFG ENTE	ERPRISES /	,							
Address ROX 100	, ARTESIA, NEW MEXICO	88210							
Reason(s) for filing (Check proper box)		Other (Please explain)							
New Well	Change in Transporter of: Oil Dry Gas		rator						
Recompletion Change in Ownership	Casinghead Gas Condensate	Change in Ope							
If change of ownership give name and address of previous owner	Holly Energy 717	North Harwood	Dallas, Texas 75201						
I. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	ation Kind of Lease	Lease No.						
Federal N	1 Benson Queen	1 A. State Federal	•x5• NM-27278						
			the West						
Unit Letter <u>N</u> ; 990	Feet From The <u>South</u> Line a								
Line of Section 26 Town	nship <u>18 S</u> Range 30) E , NMPM, Eddy	County						
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	adress (Give address to which approv							
Nousio Crude Oil P	urchasing Co.	Box 175 Artesia Address (Give address to which approv	, New Mexico 88210 red copy of this form is to be sent)						
Navajo Ci due Ori i Name of Authorized Transporter of Cas	.ngh=ad Gas or Dry Gas r								
	Unit Deet , topic	is gas actually connected? Whe	en						
If well produces oil or liquids, give location of tanks.	N 26 185 30E	No							
If this production is commingled wit	h that from any other lease or pool, gi		Plug Back Same Res'v. Diff. Res'v.						
IV. COMPLETION DATA		New Well Workover Deepen							
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Date Spudded		Top Oil/Gas Pay	Tubing Depth						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Casing Shoe						
Perforations									
	TUBING, CASING, AND		SACKS CEMENT						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET							
	OD ALLOWARIE (Test must be af	ter recovery of total volume of load oi	l and must be equal to or exceed top allow						
V. TEST DATA AND REQUEST F	able for this deg	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)						
Date First New Oil Run To Tanks	Date of Test		tel toward						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
		Water-Bbls.	Choke Size Rose Operator Gas-MCF Charles 7 82						
Actual Prod. During Test	Oll-Bbls.		<u> </u>						
I									
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
rearried Maryon (hand) parts had			VATION COMMISSION						
VI. CERTIFICATE OF COMPLIA	NCE								
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JAN 7 3862 . 19 19							
I hereby certify that the futes an Commission have been complied above is true and complete to	i with and that the information given the best of my knowledge and belief.	BY							
		TITLE							
TFGE	Nterprises	min to be filed in compliance with RULE 1104.							
×.5.3	letine	If this is a request for allowable for a newly drilled or deepend if this is a request for allowable for a tabulation of the deviation							
(S	ignature)	- 11	well, this form must be accompanies with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo						
/	Title)	able on new and recompleted							
12	-/-8/ (Date)		Fill out only Sections I, II, III, and VI for changes of owned well name or number, or transporter, or other such change of condition well name or number, or transporter, or other such change of condition						
	(Date)	Separate Forms C-104 completed wells.	must be filed for each pool in multi-						

apte ou r	10 M BILD IV.								. of o	
Fill	out only se or number	Sections	I, II.	III, r. or	other	VI ∙suo	tor cr ch cha	nge o	(cond	litior
well nam	e or numbe.	, 01 11 11		•••		-				111-1
Sepa	rate Form	C-104	must	be	filed	for	each	p 001	in mu	ութւ
complete	d wells.									