

Jones Oil Account  
3434 54th Street  
Lubbock, Texas 79413

MAR 1 1941

Energy & Minerals Dep't.  
Oil Conservation Division  
P. O. Drawer DD  
Artesia, New Mexico 88210

Attention: W. A. Gressett

Re: State #1-L-17-19-28  
State E-648 #2-H-18-19-28  
Featherstone St.#3-J-18-19-28  
Eddy County, N.M.

Dear Mr. Gressett:

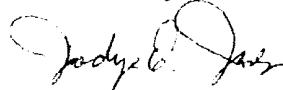
Enclosed you will find Forms C-104 reporting a change in ownership on the subject wells.

As you notice, I have signed for my Mother, Lena Jones. My Power of Attorney should be filed in the Santa Fe office.

Also, the respective plugging bonds will be forthcoming; therefore I will appreciate your holding these forms until the bonds arrive.

Your cooperation in this matter will be greatly appreciated. I am thanking you in advance for your courtesy.

Sincerely Yours,



Jodye E. Jones  
Jones Oil Account  
3434 54th Street  
Lubbock, Texas 79413

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TRANSPORTER	
OIL	
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OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ~~Jedya E. Jones And/or Frances M. Jones~~ **Jones Oil Account**

Address **3434 54th Street, Lubbock, Texas 79413**

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner **Lena Jones 320 E. 11th Street Littlefield, Texas 79339**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Millman-Grayburg</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-2126</b>
Location Unit Letter <b>L</b> ; <b>2310</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>17</b> Township <b>19 South</b> Range <b>28 East</b> , NMPM, <b>Eddy</b> Count:				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183 Houston, Texas 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent) <b>None</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b> Sec. <b>17</b> Twp. <b>19S</b> Rge. <b>28E</b>	Is gas actually connected? <b>N/A</b> When <b>N/A</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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 oil able for this depth or be for full 24 hours)

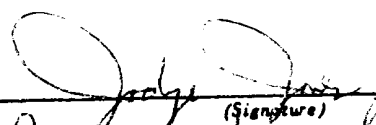
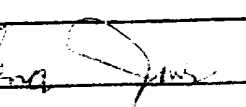
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

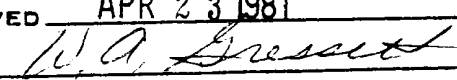
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
  
(Title)  
**3-16-81**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 23 1981**, 19  
BY   
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 conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.