



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.O.S.	✓
LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator G R S J PETROLEUM ✓	
Address P.O. BOX 6, LOCO HILLS, NEW MEXICO 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	This well has been temporarily abandoned and has been cleaned out & put to pumping.
<input checked="" type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Taylor Unit	Well No. 3	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Free Federal	Lease No. IC-058709(a)
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>18S</u> Range <u>31E</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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline	Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 N	Sec. 12	Twp. 18S	Rge. 31E	Is gas actually connected? No gas	When

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.

Jim Wadkins  
(Signature)  
\_\_\_\_\_  
Co-Owner  
(Title)  
9-6-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 10 1985, 19\_\_\_\_\_  
BY Original Signed By  
Les A. Clement  
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.
		X							
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 (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.)	
9/1/85	8/1/85 thru 8/19/85	Down hole pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
20 days	65	65	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
2	3 bbls	3 bbls	None

#### 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

This well has been temporarily since before we purchased until last month when we cleaned it out & put to pumping. We tested from 8/1 until 8/19/85 and it tested from 2 to 3 barrels per day.

We would like to have an allowable of 3 barrels per day.