

NO. OF COPIES RECEIVED	
DISTRIBUTION	
COUNTY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
 Superseding Old C-101 and C-11
 Effective 1-1-65

RECEIVED

JAN 21 1980

Operator **Durham, Inc. c/o JFG ENTERPRISES, Agent** O. C. D.

Address **P.O. Box 100, Artesia, New Mexico 88210** ARTESIA, OFFICE

Reason(s) for filing (check proper box)

New Well <input type="checkbox"/>	Change In Transporter of Oil <input type="checkbox"/>	Other (Please explain) <i>Change Pool from Indian Hills morrow well to Navajo Crude Oil Purchasing from the Permian Corp.</i>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner **Corrine Grace**

DESCRIPTION OF WELL AND LEASE

Lease Name Indian Hills Com	Well No. 1	Pool Name, including Formation Cemetery Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-34467
Location Unit Letter J : 1650 Feet From The S Line and 1750 Feet From The East Line of Section 8 Township 21 S Range 24 E , N.M.P.M. Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	Artesia, New Mexico
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)
Natural Gas Pipeline Co. of America	Box 236, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Soc. 8 Twp. 21 Rge. 24	yes 1-28-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shore Res'v.	Unif. Res'v.
		X					X	
Date Spudded 6-10-70	Date Compl. Ready to Prod. 9-3-70	Total Depth 10190	P.B.T.D. 10163					
Elevations (DF, RKB, RT, GR, etc.) GR 4100.8	Name of Producing Formation Morrow	Top Oil/Gas Pay Gas Pay 9856	Tubing Depth 9803					
Perforations 9926-28 - 9882-84 - 9856-60 - 4/shts. p/ft.			Depth Casing Shoe					
9948-9949 - 9971-9978 - 10016-10017 - 10033-10042 - 10080-10081								
TUBING, CASING, AND CEMENTING RECORD								
HOUL SIZE	CASING & TUBING SIZE	DEPTH FEET	BACK CEMENT					
17 1/2	13 3/8	314	350					
12 1/4	8 5/8	3288	1358					
7 7/8	4 1/4	10190	450					
	2 3/8	9803						

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

*Posted
I.D. 380
2-1-80
OPV, pad
+ LT*

GAS WELL

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

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.

JFG ENTERPRISES, Sole Agent

[Signature]
 Agent
 (Date) **1-17-80**

OIL CONSERVATION COMMISSION

APPROVED **JAN 31 1980**

BY *[Signature]*
 SUPERVISOR, DISTRICT II

TITLE

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 monthly 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.