SANTA FE		✓
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	✓	
TRANSPORTER GAS		
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
JUN 14 1985
O. C. D.
ARTESIA, OFFICE

Operator
JFG ENTERPRISE

Address
P.O. Box 100, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well		Change in Transporter of:	
Recompletion	XX	Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kuklah Baby	1	South Carlsbad Delaware	State, Federal or Fee Fee	

Location
Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East

Line of Section 24 Township 22S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Refining Company

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	24	22	26	No	

If this production is commingled with that from any other lease or pool, give commingling order number: No

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X			X		X	X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
(Workover 6-18-75 (5-29-85 to 6-1-85)	6-2-85	4561	3600
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3185 GR	Delaware	3140'-3162'	3176 ft.
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" 40#	351.40'	150 sx. Circ.
7 7/8"	5 1/2" 15.5# & 17#	4561 ft.	325 Post ID-2 6-21-85 Comp. Rel.
	2 7/8" 6.5# J-55	3176 ft.	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-10-85	6-10-85	Pumping Unit 100" Stroke 1 3/4"	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	30#	30#	None
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
65	35	30	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

James E. Clements
(Signature)
Partner
(Title)
June 14, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 17 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.