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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator S & J OPERATING COMPANY		Well API No. 3001524181
Address P O BOX 2249, WICHITA FALLS, TEXAS 76307		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) RECLASS FROM WATER INJECTION TO OIL PRODUCER		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SALADAR UNIT	Well No. 14	Pool Name, Including Formation SALADAR-YATES	Kind of Lease State (Federal) or Fee	Lease No. NM 08277
Location Unit Letter N : 1315 Feet From The SOUTH Line and 1325 Feet From The WEST Line Section 33 Township 20S Range 28E , NMPM , EDDY 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"/> SCURLOCK-PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P O BOX 4648, HOUSTON, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	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 K	Sec. 33
	Twp. 20S	Rge. 28E
	Is gas actually connected?	When ?
	NO	

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'v
				XX				
Date Spudded 8-4-82	Date Compl. Ready to Prod. 11-9-82		Total Depth 660'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3197' GR	Name of Producing Formation YATES		Top Oil/Gas Pay 613'		Tubing Depth 630'			
Perforations 626-638'					Depth Casing Shoe 660'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
9 5/8"	26.4#	7 5/8"	82'	15
6 3/4"	11.6#	4 1/2"	660'	250
	4.7#	2 3/8"	630'	

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank MARCH 1, 1993	Date of Test MARCH 1, 1993	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure NA	Casing Pressure NA	Choke Size --
Actual Prod. During Test 1.3 BBLs	Oil - Bbls. 1.3	Water - Bbls. 1.3	Gas- MCF --

GAS WELL

Actual Prod. Test - MCF/D NONE	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. OPERATOR 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 William M Kincaid
WILLIAM M. KINCAID **PETROLEUM ENG.**
Printed Name Title
4-16-93 **(817) 723-2166**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 26 1993**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.