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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

DEC 17 1980

Operator **JFG ENTERPRISES** ✓ **O. C. D.**
ARTESIA, OFFICE

Address **Box 100, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of ☐ To reclassify from Gas Well to
Recompletion ☐ Oil ☐ Dry Gas ☐ Oil Well
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newman	Well No. 1	Pool Name, Including Formation Brynes Tank Delaware	Kind of Lease State, Federal or Fee State	Lease No. K-4761-2
Location Unit Letter 0 ; 2300 Feet From The East Line and 660 Feet From The South Line of Section 7 Township 23 S Range 26 E , NMJM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210					
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 0	Soc. 7	Twp. 23S	Rge. 26E	Is gas actually connected? No	When

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	Surge Res'y.	Eff. Res'y.
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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test 11-24-80	Producing Method (If flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size None
Actual Prod. During Test 5.5	Oil-Bbls. 3.5	Water-Bbls. 2	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/ACMCF	Gravity of Condensate
Testing Method (prior, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. N. J. Letcher
(Signature)

Agent

(Title)

12-16-80

(Date)

OIL CONSERVATION COMMISSION

DEC 18 1980

APPROVED

BY

W. A. Gussert
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 device tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition.