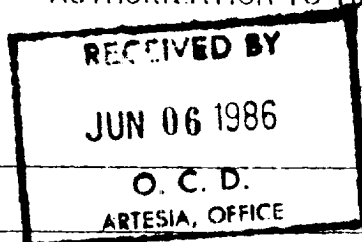


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☐
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	☐

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

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



I.

Operator JFG ENTERPRISE ✓	
Address P.O. Box 100, Artesia, New Mexico 88211-0100	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of Operator
Recompletion ☐	Effective June 1, 1986
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner Penta Exploration Co., 310 W. Texas/Suite 210, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal	Well No. 1	Pool Name, including Formation Brushy Draw Delaware-Gulf	Kind of Lease State, Federal or Free Federal	Lease No. LC-06149
Location Unit Letter <u>O</u> ; <u>700</u> Feet From The <u>South</u> Line and <u>2205</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>26S</u> Range <u>29E</u> , NMFM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 13	Twp. 26S	Rge. 29E	Is gas actually connected? Yes	When March 20, 1985

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.
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
			Post ID-3
			6-13-86
			Chg dp

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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

L. B. X. C. C. C.
(Signature)
Partner
June 5, 1986
(Title)

OIL CONSERVATION COMMISSION

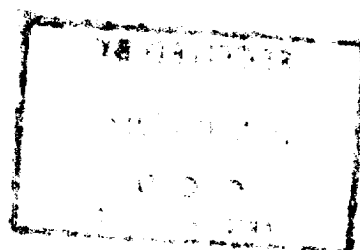
APPROVED JUN 9 1986, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable to be considered complete.

Fill out only sections I, II, III, and VI for changes of name, location of well, or transporter, or other such change of condition.



11/11/1912

11/11

11/11/1912
11/11/1912
11/11/1912