

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator J. K. EDWARDS ASSOCIATES, INC		Well API No. 30-015-2801
Address 1401-17th ST, SUITE 1400, DENVER CO 80202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Completion
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		RECEIVED NOV 24 1993 OIL CON. DIV DIST 2
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SULLIVAN	Well No. 9	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State (Federal) or Fee	Lease No. SF-080384
Location Unit Letter K : 1850 Feet From The S Line and 1840 Feet From The W Line Section 15 Township 26N Range 12W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Witter	Address (Give address to which approved copy of this form is to be sent) 98103289	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) PO BOX 1492 EL PASO TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	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	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9/5/90	Date Compl. Ready to Prod. 9/26/90		Total Depth 1363' KB		P.D.T.D. 1322' GL			
Elevations (D.F., RKB, RT, GR, etc.) 6109' GL	Name of Producing Formation BASIN FRUITLAND COAL		Top Oil/Gas Pay 995'		Tubing Depth 1290' 1284'			
Performances 42 ZJSF .45" 995-97', 1155', 1197', 34 ZJSF .48" 1077', 1158', 1240'		Depth Casing Shoe 1363'						
1079-81', 1163'-65', 1249'-51', 1093', 1166-68', 1264-82', 1125-27', 1171-73'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 9 3/4" 6 1/4"	CASING & TUBING SIZE 7" 20# 4.5" 10.5 # 2 3/8		DEPTH SET 135' 1363' 1284'		SACKS CEMENT 605X CI "B" 1405X CI "6"			

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	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 TOO SMALL TO MEASURE	Length of Test 24 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In) 0	Casing Pressure (Shut-In) 110 PSI	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 **J. Keith Edwards**
Printed Name **J. KEITH EDWARDS** Title **PRESIDENT**
Date **11/23/93** Telephone No. **303/298-1400**

OIL CONSERVATION DIVISION

Date Approved **NOV 24 1993**

By **Barry Shum**
Title **SUPERVISOR DISTRICT 12**

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.