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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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator J.K. EDWARDS ASSOCIATES, INC.		Well API No. 30-045-28286
Address 1331-17TH STREET, SUITE 710, DENVER, COLORADO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

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II. DESCRIPTION OF WELL AND LEASE

Lease Name COWSAROUND 36	Well No. 7	Pool Name, Including Formation BASIN (FRUITLAND COAL)	Kind of Lease State, Federal, or Other	Lease No. NM-61
Location Unit Letter <u>G</u> : <u>1675</u> Feet From The <u>NORTH</u> Line and <u>1850</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>26</u> NORTH Range <u>12</u> WEST, <u>NMPM</u> , <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Wabco Ref</u> <u>281023</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS <u>281023</u>	Address (Give address to which approved copy of this form is to be sent) PO BOX 4990 FARMINGTON NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	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
		X						
Date Spudded 10/12/90	Date Compl. Ready to Prod. 5/5/93		Total Depth 1385'		P.B.T.D. 1371'			
Elevations (DF, RKB, RT, GR, etc.) 6260'	Name of Producing Formation BASIN (FR. COAL)		Top Oil/Gas Pay 1243'		Tubing Depth 1236'			
Perforations 1243'-1258' 2 JSPF .50' HOLES 31 HOLES					Depth Casing Shoe 1371'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7"		120'		50 SK "B"			
6-1/4"	4-1/2"		1371'		90 SK + 40 SK			
	1-1/4"		1236'					

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

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GAS WELL WELL IS CAPABLE OF COMMERCIAL PRODUCTION

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 65	Casing Pressure (Shut-in) 70	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
J. KEITH EDWARDS, PRESIDENT

Printed Name _____ Title _____

Date 5/10/93 Telephone No. 303/298-1400

OIL CONSERVATION DIVISION

MAY 18 1993

Date Approved _____

By Supervisor
SUPERVISOR DISTRICT 13

Title _____

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.