

**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., Artesia, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

|  |   |                                     |
|--|---|-------------------------------------|
| Operator<br>JK Edwards Associates, Inc. 11307  |   | Well API No.<br>3004528599          |
| Address<br>1401 17th Street Suite 1400 Denver, Colorado 80202  |   |                                     |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                                  |   |                                     |
| New Well <input type="checkbox"/>  | Change in Transporter of:               |                                     |
| Recompletion <input type="checkbox"/>  | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
| Change in Operator <input checked="" type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator<br>Coleman Oil & Gas, Inc. Drawer 3337 Farmington, N.M. |   |                                     |

**II. DESCRIPTION OF WELL AND LEASE**

|  |               |  |   |                       |
|--|---------------|--|---|-----------------------|
| Lease Name<br>Campbell 14150   | Well No.<br>4 | Pool Name, Including Formation<br>Basin Fruitland Coal 71625 | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>NM 33035 |
| Location<br>Unit Letter M 870 Feet From The South Line and 835 Feet From The West Line<br>Section 9 Township 27N Range 13W, NMPM, San Juan County County |               |  |   |                       |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |
|--|--|
| Name of Authorized Transporter of Oil or Condensate<br>Waco 757450   | 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"/><br>El Paso Natural Gas Company 757430 | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4990 Farmington, N.M. 87499 |
| If well produces oil or liquids, give location of tanks.<br>Unit Sec. Twp. Rge.  | Is gas actually connected? 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 |
| 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 |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |                   |            |            |
| 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 24 hours) |                           |   |                |
| Date First New Oil Ran To Tank  | Date of Test              | Producing Method (Flow, pump, gas lift, etc.) |                |
| Length of Test  | Tubing Pressure           | Casing Pressure                               | Wellbore Size  |
| Actual Prod. During Test  | Oil - Bbls.               | Water - Bbls.                                 | Gas - Bbls.    |
| <b>GAS WELL</b>   |                           |   |                |
| Actual Prod. Test - MCF/D   | Length of Test            | Bbls. Condensate/MWHr                         | Gravity of Gas |
| Testing Method (pilot, back pr.)  | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in)                     | Casing 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, President  
Date 2/22/94 Telephone No. 303/298-1400

**OIL CONSERVATION DIVISION**

FEB 23 1994  
Date Approved  
By [Signature]  
Title SUPERVISOR DISTRICT #3

**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.