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100 Rio Brazos Rd., Aztec, NM 87410

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 RECEIVED

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

JUN 24 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Kay Jay Oil Co.</u>	Well API No.
Address <u>885 E. Aberdeen Rd Hagerman NM 88232</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Completion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator <u>Zia Enterprises P.O. Box 1306 Artesia NM 88210</u>	

DESCRIPTION OF WELL AND LEASE				
Well Name <u>Tract 1</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>'LL' Queen Assoc.</u>	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Fee	Lease No. <u>K-6772</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u> Line Section <u>24</u> Township <u>14-S</u> Range <u>29-E</u> , NMPM, <u>CHAVES</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <u>NAVASO Ref.</u>		<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Artesia NM 88210</u>		
Name of Authorized Transporter of Casinghead Gas		<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Well produces oil or liquids, or location of tanks.	Unit <u>F</u>	Sec. <u>24</u>	Twp. <u>14</u>	Rge. <u>29</u>	Is gas actually connected? <u>No</u>
When ?					
This production is commingled with that from any other lease or pool, give commingling order number:					

I. 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

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 <u>ported 7D-3</u> <u>7-31-92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>high op</u>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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 <u>Fred G. Jones</u>	Owner
Printed Name <u>Fred G. Jones</u>	Title
Date <u>6-22-92</u>	Telephone No. <u>505-752-3354</u>

OIL CONSERVATION DIVISION	
Date Approved <u>JUL 29 1992</u>	
By	ORIGINAL SIGNED BY
	<u>MIKE WILLIAMS</u>
Title	<u>SUPERVISOR, DISTRICT 19</u>

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.