NO. OF COPIES RECEIVED	1	1				
DISTRIBUTION	-	NEW MEXICO OIL CO	NSERVATION COMM	ИС	Form C-104	
SANTA FE	VV	REQUEST F	OR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
	VV	RECEIVED BY	ND POST OU AND D	JATHRAL GA	ς	
U.S.G.S.			E OKT WILL AND I	ATORAL OA	5	
IRANSPORTER OIL	V	MAY 21 1965				
GAS		<b>O</b> . C. D.				
OPERATOR	<u> </u>	ARTESIA, OFFICE				
PRORATION OFFICE						
BLUE SKY P	RODUCT]	ION 1				
Address						
<u>PO Box 177</u>	2, Hobl	os, NM 88240	Other (Pleas	e explain)		
Reason(s) for filing (Check pr	oper box)	Change in Transporter of:	onier (r rouse			
New Well		Oll Dry Gas				
Change in Ownership X		Casinghead Gas 📃 Condens	ate			
If change of ownership give and address of previous ow	name ner <u>B</u>	& J Production Company,	512 W. Texas	Ave., Arte	sia, NM 88210	
DESCRIPTION OF WEL	L AND L	Well No. Pool Name, Including For	matten	Kind of Lease	Leiso I.C.	
Conklin		1 Empire (Y-SR)		State, Finited-e	E-1059	
Location						
Unit Letter G	23	10 Feet From The N Line	arid <u>2310</u>	Feet From Th	eE	
	_	-ht. 170 0-mar 0	7E , MMP1	4. Eddy	County	
Line of Section 36	Town	nship 17S Racge 2	/13 , 100.00	<u> </u>	and the second	
DESIGNATION OF TRA	NSPORT	ER OF OIL AND NATURAL GAS	<u>s</u>		· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transpor	rter of Oil	T or Condensate	Address (othe damess		d copy of this form is to be sent,	
Navajo Ref	ining	Co. Pipeline Division	Artesia, NM &	18210 to which approve	ed copy of this form is to be sent)	
Name of Authorized Transpor	rter of Casi	inghead Gas or Dry Gas	ان وی معنوعات با بادوی از بادی بادیمانی را ا	··· · · · · · · · · · · · · · · · · ·		
		Unit Sec. Twp. Ege.	is gas actually connec	ted? When	1	
If well produces oil or liquid give location of tanks.	.s,	F 36 17S 27E				
	ingled wit	h that from any other lease or pool, (	give commingling ord	er number:	СТВ 60	
COMPLETION DATA	Ingrea with		New Well Workover		Plug Back Same Resty, Diff. Resty,	
Designate Type of C	ompletio	Or nen jar				
		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Date Spudded						
Elevations (DF, RKB, RT, C	GR, etc.;	Name of Producing Formation	Top CIL/Gas Pay		Tubing Depth	
			i		Depth Casing Shoe	
Perforations						
		TUBING, CASING, AND	CEMENTING RECO	RD		
HOLESIZE		CASING & TUBING SIZE	DEPTH		SACKS CEMENT	
					Post ID-3 6-2-85	
					Che Op	
		OD ALLOWARTE (Test must be a	fer recovery of sotal vc	lume of load oil o	and must be equal to or exceed top allow-	
TEST DATA AND REQ OIL WELL	UEST FO	able for this de	pch or be for full 24 hol	15)		
Date First New Oil Fun To	Tanks	Date of Teat	Producing Method (Fl	ow, pump, gas up	1, 210.)	
			Casing Pressure		Choka Size	
Length of Test		Tubing Pressure	Casing I root			
Actual Prod. During Test		Cil-Bbla.	Water-Bbls.		Gaa-MCF	
Actual Proa, During 1981						
GAS WELL			Bhis. Condensate/Mh	JCF	Gravity of Condensate	
Actual Prod. Test-MCF/D		Length of Test	Bols. Condenadies/Ma			
	Lasi	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size	
Testing Method (pitot, bac)	s pr./	. using				
. CERTIFICATE OF CO	MDI JAN		OIL	CONSERVA	TION COMMISSION	
. CERTIFICATE OF CO	MIL L'IVIN	CL .		JUN 04	1985	
I hereby certify that the	rules and	regulations of the Oil Conservation	APPROVED			
I hereby certify that the files and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Driginal Signed By Les A. Clamenta		
above is true and comp	/		TITLE	Superviser Di		
		A i		•	compliance with RULE 1104.	
KI	/	talu			i i i i i i i i i i i i i i i i i i i	
	· <u>A</u>	Jalu				
	(Sign	talu naiwe)	well, this form m	iust be accompa	rdance with RULE 111.	
·	hu		well, this form m tests taken on the All sections	he well in accompany he well in accompany of this form mult recompleted we	rdance with NULE 111. ust be filled out completely for allow ella.	
·	hu	nature)	well, this form n tests taken on t All sections able on new and Fill out onl	iust be accompa- he well in acco of this form mu- recompleted w- y Sactions I, I nber, of transpor	inted by a tabulation of inter- indance with NULE 111. ust be filled out completely for allow ells. II, III, and VI for changes of own. iten, or other such change of condition	
·	her 1/85	nature)	well, this form m tests taken on the All sections able on new and Fill out only well name or num Separate Fo	ust be accompa- he well in accompa- to f this form muti- recompleted with y Sections I, I aber, or transpor- porms C-104 mus	inted by a tabulation of inter- indance with NULE 111. ust be filled out completely for allow ells. II, III, and VI for changes of own. iten, or other such change of condition	
	her 1/85	nature) (itle) Date)	well, this form n tests taken on t All sections able on new and Fill out onl	ust be accompa- he well in accompa- to f this form muti- recompleted with y Sections I, I aber, or transpor- porms C-104 mus	rdance with RULE 111. ust be filled out completely for allow ells.	