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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL L
	GAS
OPERATOR	L
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

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JUL 24 1979

Operator **B & J PRODUCTION COMPANY**
Address **512 W. Texas Ave. Artesia, N. M. 88210**

O.C.C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter oil: ☐		
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name and address of previous owner **Betrice Bedingfield 512 W. Texas Ave. Artesia, N.M. 88210**

DESCRIPTION OF WELL AND LEASE	
Lease Name HASTIE	Well No. 1 Pool Name, including Formation Empire (Y-SR)
Kind of Lease State, Federal or Free	LCO 45818A
Location	
Unit Letter E	2310 Feet From The N Line and 330 Feet From The W
Line of Section 18	Township 17S Range 28E N.M.P.M. Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipeline Division	Artesia, N. M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 18 17S 28E

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Some Res'n. Perf. In
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 lead 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 Tanks	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	Length of Test	Data. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Beth A. Leroy
(Signature)
Accountant
(Title)
7-24-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 3 1979**

BY *W. A. Spross*
SUPERVISOR, DISTRICT II

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the observed tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

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