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

Form C-104
Superseding Old C-104 and C-1
Effective 1-1-65

Operator **J D R Ltd.**

Address **Box 648 Artesia, N. Mex. 88210**

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

If change of ownership give name and address of previous owner **Quality Oil, Inc. Box 1345, Artesia, New Mexico 88210**

I. DESCRIPTION OF WELL AND LEASE		Lease Issue		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
		Brooks		11	Empire Yates SR	State, Federal or Free Federal	LC050349A
Location							
Unit Letter B ; 330 Feet From The North Line and 2310 Feet From The East							
Line of Section 19 Township 17 Range 28 , NMPM, Eddy County							

II. 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)	
		Nagajo Crude Oil Purch. Co.		Box 159, Artesia, New Mexico 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.
		E	19	17	28
		Is gas actually connected?		When	
		No			

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

III. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Chl. Reservoir
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Testing Depth					
Perforations		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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 27 gal. able 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	Testing 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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 31 1979	
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.		APPROVED _____, 19____	
		BY W. A. Grissett	
		TITLE SUPERVISOR, DISTRICT II	
Dalton Bell (Signature) F. N. PARTNER (Title) 5-25-79 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.	