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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED BY  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 21 1965  
O. C. D.  
ARTESIA, OFFICE

Operator BLUE SKY PRODUCTION	
Address PO Box 1772, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	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 Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner B & J Production Company, 512 W. Texas Ave., Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE

Lease Name Aston & Fair A	Well No. 1Y	Pool Name, including formation Red Lake Q-G-SA	Kind of Lease State, Federal or Other	Lease No. B5862
Location				
Unit Letter D	330	Feet From The N	330	Feet From The W
Line of Section 31	Township 17S	Range 28E	NMPLA, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
T/A	
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)
If well produces oil or liquids, give location of tanks.	Unit Seri. Twp. Rge. Section County

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	Leak Well	Water Well	Deeper	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Test Depth	F.B.T.W.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test Interval (ft)	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 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

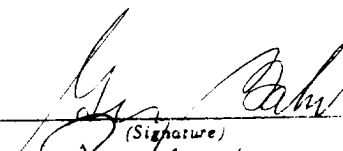
Post ID-3  
6-14-85  
Chg Op &  
Well Name

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Flow Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
(Signature)  
Mike Williams  
(Title)  
5/11/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 12 1985, 19  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections 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 owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.