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TRANSPORTER	OIL <input type="checkbox"/>
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OPERATOR	1
PRODUCTION OFFICE	

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

Form C-104  
 Supervisory Oil Conservation Commission  
 Effective 4-1-65

AUG 3 1979

Operator **B & J PRODUCTION COMPANY**

Address **512 W. Texas Ave. Artesia, N. M. 88210**

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"/>
Change in Ownership <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>
	Condensate <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>MALCO STATE</b>	Well No. Pool Name, including Formation <b>1 Empire (Y-SR)</b>	Kind of Lease State, Producers Fee
Location Unit Letter <b>G</b> ; <b>2310</b> Feet From The <b>N</b> Line and <b>2310</b> Feet From The <b>E</b>		
Line of Section <b>31</b> Township <b>17S</b> Range <b>28E</b> , N.M.P.M., <b>Eddy</b> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Co. Pipeline Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>Artesia, N. M. 88210</b>
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 Soc. Twp. Rge. Is gas actually connected? When
	<b>G 31 17S 28E</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.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				

V. 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 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
Actual Prod. During Test	Oil-Water	Water-Cut
		Choke Size
		Gas-MCF

Posted  
 8-3-79  
 J.P. Ope

GAS WELL

Actual Prod. Test-MCF/24	Length of Test	Oil, Condensate/MCF	Gravity of Condensate
Testing Method (flow, back, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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. Henry*  
 (Signature)  
 Accountant  
 (Title)  
 7-24-79  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 3 1979**

BY *W. A. Gressitt*  
 SUPERVISOR, DISTRICT 24

TITLE \_\_\_\_\_

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 well logs taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out and filed only for wells which are actually completed 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.