

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

DEC 02 '87

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator S & J Operating Company
Address P. O. Box 2249, Wichita Falls, Texas 76307
Reason(s) for filing (Check proper box)
 New Well Recompletion Change in Ownership XXXXXXXX OPERATOR
Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate
Other (Please explain) _____
If change of ownership give name and address of previous owner Previous Operator - Joe L. Tarver

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Red Lake Grayburg Well No. 43 Pool Name, including Formation Red Lake (Grayburg)-SA Kind of Lease State Lease No. B-752-2
Location Unit Letter K 1650 Feet From The West Line and 1650 Feet From The South
Line of Section 36 Township 17S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) P. O. 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 C Sec. 35 Twp. 17S Rge. 27E Is gas actually connected? No When Post FD-3 12-11-87 sky up

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Sandy Robertson
(Signature)
Petroleum Engineer
(Title)
November 12, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 8 1987
Original Signed By _____, 19____
BY Mike Williams
Oil & Gas Inspector
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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Spudded 9/23/81	Date Compl. Ready to Prod. 12/15/81		Total Depth 1785'		P.B.T.D. 1759'				
Elevations (DF, RKB, RT, GR, etc.) 3597' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1698'		Tubing Depth 1739'				
Perforations 1698' - 1700'; 1702' - 1708'; 1730' - 1736'						Depth Casing Shoe 1764'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		452'		350			
7 7/8"		4 1/2"		1764'		460 + 150			
		2 3/8"		1739'		None			

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 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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size