		District I			State of New Mexico				Form C-104					
	205	District I 1625 N. French District II 1301 W. Grand District III 1000, Pao Brazos District IV 1220 S. St. Fran	Dr, Hobbs	, NM 88240	<sup>88240</sup> Energy, Minerals & Natural Resou			sour	ces	s Revised October 15, 2009				
an B	SOV	1301 W. Grand	Avenue, Ai	tesia, NM 84										
HOpe	-	District III	<b>.</b>		Oil Conservation Division				n	Submit one copy to appropriate District Office				
•	a 1 [	1000, Rio Brazos	6 Rol, Azter	C, NM 87410	<sup>7410</sup> 1220 South St. Francis Dr.				r.				MENDED REPORT	
			ncis Dr., Sa	nta Fe, NM 8	37505		Santa Fe, NI			2				
SEI			١.	REQU	REQUEST FOR ALLOWABLE AND AUTHORIZATIC						N TO TRANSPORT			
		Neperator n	ame and	Address				/		<sup>2</sup> OGRID Number				
	DECE	74-		JAY MA		ENT CC				247692 ✓ <sup>3</sup> Reason for Filing Code/ Effective Date				
	80-					OP SOU (AS 770)								
		API Numb	er	V 5 Poc	Name					<sup>6</sup> Pool Code			ə	
		30-0	25-221	.08		BAG	LEY PERMO P	ENN- NORT	н	1	3820			
		<sup>7</sup> Property C	ode	<sup>8</sup> Pro	perty Nar	ne				/	* Well Number			
		26537					JFG COLI	LIER		1			1	
		II. <sup>10</sup> Su			-									
		Ulorlotno. D	Section 9	Township 11S	Range 33E	Lotion	Feet from the 660'	North/Sou NORTH	Jth	Feet from the 810'		/est line	LEA	
		[	· ·			l	000			810	WEST LEA			
		UL or lot	Section	Ne Location Township Range Lot Idn Feet from the North/South In					East from the	eet from the East/West line Count				
		no.	Section	Townarap	raige	Locion		Nor the South		reat in our the	East/ W		County	
		,	13 Decider											
		<sup>12</sup> L se Code P		Code Date					-129 Effective	129 Effective Date <sup>17</sup> C-129 Expiration Date				
		Ŀ		<u>P</u>		IA								
				as Transporters					· · · · · · · · · · · · · · · · · · ·			2010004		
		<sup>18</sup> Transpor OGRID		<sup>19</sup> Transporter Name and Address								20 O/G/W		
		174238	5 	ENTERPRISE								-	0	
											3			
		024650							•			G		
				TARGA					4			u		
		7 10.00	<sup>22</sup>											
												C.746		
		. <b>р</b> .										5		
		10 °												

IV. Well Completion Data

21 Spud Date 5/7/1967	<sup>22</sup> Ready Date 8/11/1967	<sup>20</sup> TD 10140	24 PBTD 9721'	<sup>28</sup> Perforations 9192-9210'		
· 27 Hole S	29 28 Cas	ng & Tubing Size	<sup>29</sup> Depth Set		-30 Sacks Cement	
<b>P</b> 13 1/2	n	10 /34"			400	
9 7/8"		8 5/8"	3944'		400'	
7 7/8"		4 1/2"	10,407'		600'	
		2 3/8"	9175'			
V. Well Tes	t Data		··· ·····	··		

<sup>31</sup> Date New Oil <sup>32</sup> Gas Delivery Date		<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>38</sup> Csg. Pressure		
8/5/2011	8/5/2011	8/30/2011	24 HR.	50	40		
<sup>37</sup> Choke Size	38 OII	<sup>39</sup> Water	* Gas		41 Test Method		
NA	3	150	0		PUMP		
	at the rules of the Oil Cons and that the information gi		OIL CONSERVATION DIVISION				
	of my knowledge and, belie			$\sim$ 1	1 1		
Signature			Approved by:				
<u>~</u>	1 Juliu	26		track			
Printed name.			Title	- har	•		
	RON GILBREATH		13	A WER			
Title:			Approval Date:	8 7.			
	SENIOR STAFF ENGINE	ER	11-	8-20	12		
E-mail Address:							
rg rg	gilbreath@isramco-jay.	com					
Date:	Phone:						
31-AUGUST-201	1 713/621	- 5946 EXT 309					

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## New Mexico Oil Conservation Division C-104 Instructions

## October 13, 2009

#### IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT .. ·

# Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 19.15.16.14 NMAC.

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

### A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

mpiop		loved.	completed well bore diagra			
1.	Operator's name and address	27.	Hole size.			
2.	Operator's OGRID number. If you do not have one, please read the FAQ "How Do I Become A Well Operator?" at www.emnrd.state.nm.us/ocd.	28.	Outside diameter of the ca			
3.	Reason for filing code from the following table:	29.	Depth of casing and tubin bottom.			
	RC Recompletion	30.	Number of sacks of cemen			
	RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box.	The fo conduc	The following test data is for an conducted only after the total volur			
4.	The API number of this well.	31.	MM/DD/YY that new oil			
5.	The name of the pool for this completion.	32.	MM/DD/YY that gas was			
6.	The pool code for this pool.	33.	MM/DD/YY that the follo			
7.	The property code for this completion.	34.	Length in hours of the test			
8.	The property name (well name) for this completion.	35.	Flowing tubing pressure - Shut-in tubing pressure - g			
9.	The well number for this completion.	36.				
10.	The surface location of this completion. NOTE: If the	50.	Flowing casing pressure - g			
	The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	37.	Diameter of the choke used			
11		38.	Barrels of oil produced du			
11.	The bottom hole location of this completion.	39.	Barrels of water produced			
12.	F Federal	· 40.	MCF of gas produced duri			
	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	<b>41.</b>	The method used to test th F Flowing P Pumping S Swabbing If other method please write			
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	42.	The signature, printed nar person authorized to make signed, and the telephone			
14.	MM/DD/YY that this completion was first connected to a gas transporter.		this report.			
15.	The permit number from the District approved C-129 for this completion.					
16.	MM/DD/YY of the C-129 approval for this completion.					
17.	MM/DD/YY of the expiration of C-129 approval for this completion.					
18. <sub>.</sub>	The gas or oil transporter's OGRID number.					
19.	Name and address of the transporter of the product.					
20.	Product code from the following table: O Oil G Gas W Water					
21.	MM/DD/YY drilling commenced.					
22.	MM/DD/YY this completion was ready to produce.					
23.	Total measured depth of the well.					
24.	Plugback measured depth.					
25.	Top and bottom perforation in this completion or casing shoe and TD if openhole.					
26.	Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual					

casing and tubing. ing. If a casing liner, show top and ent used per casing string. n oil well. It must be from a test ne of load oil is recovered. il was first produced. s first produced into a pipeline. lowing test was completed. st. - oil wells gas wells - oil wells gas wells ed in the test. uring the test. d during the test. ring the test. the well: rite it in.

completed well bore diagram

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ame, title, and e-mail address of the ce this report, the date this report was e number to call for questions about