HO. OF COPIES MEC	EIVED	1	
DISTRIBUTION			
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

	NO. OF COPIES RECEIVED	_						
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COM	M)SSION	Form C-104			
	SANTA FE		FOR ALLOWABLE		Supersedes Old C-104 and C-			
	U.S.G.S.	 	AND		Effective 1-1-65			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GA	\$			
	Tou	Feed	Live 5-1-88	1				
	TRANSPORTER GAS	7 2750		•				
	OPERATOR	7						
1.	PRORATION OFFICE	7						
	Operator							
	JFG ENte	-frises						
	Address							
	Box 100 Antes	JFG ENterfrises Antesia, N. M. 88210 Teason(s) for filing (Check proper box) Other (Please explain)						
			Other (Plea	se explain)				
	New Well Recompletion	Change in Transporter of:						
	Change in Ownership	Oil X Dry G Casinghead Gas Conde	= 1					
	Situate in Suntrainipe	Casinghead Gas Conde	ensate					
	If change of ownership give name	Farmer Cook of						
	and address of previous owner	EXXON CORPORAL	10N, BOX 160	io, midla	and, Tex. 879702			
11.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Legse No.			
	Sthange Federal	1 TomahawK-S	SAN ANDTES	State, Federal er	F 15677 A			
	Location							
	Unit Letter P ; 6	60 Feet From The South Li	ne and 660	Feet From The	East			
		· ·						
	Line of Section 25 To	wnship 7-S Range	31-E , NMP	M. ChA	ves County			
***	DECIGNATION OF TRANSPORT							
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		to which approved	copy of this form is to be sent)			
ĺ	ĺ				•			
	Navajo Reminia Name of Authorized Transporter of Car	singhead Gas 🔀 or Dry Gas	Address (Give address	to which approved	copy of this form is to be sent)			
	cities service c		i					
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Box 300, Tu	ted? When	74102			
	give location of tanks.	P 25 7 31	yes		3-6-81			
	If this production is commingled wi	th that from any other lease or pool,	V					
	COMPLETION DATA							
	Designate Type of Completic	On - (X)	New Well Workover	Deepen P	lug Back Same Res'v. Diff. Res'v			
	Date Spudded		 	1				
	Date Spudgeu	Date Compl. Ready to Prod.	Total Depth	P	.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	- T	ubing Depth			
	(22, 1112, 117, 011, 222.)	t and the second of the second	1 op on ous pay	1	ubing Depth			
	Perforations			D.	epth Casing Shoe			
	Depth Cusing and							
		TUBING, CASING, AND	D CEMENTING RECO	RD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEMENT			
			<u> </u>					
			<u> </u>					
V.	TEST DATA AND REQUEST FO		fier recovery of total vol pth or be for full 24 hour	ime of load oil and	must be equal to or exceed top allow			
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	·	tc.)			
İ	Length of Test	Tubing Pressure	Casing Pressure	CI	hoke Size			
Ī	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Go	as - MCF			
Į								
г	GAS WELL	I. and a Table	Tau a					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F Gr	ravity of Condensate			
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	noke Size			
	V (Proper Amou But)	(, Cr				
L V∎ ·	CERTIFICATE OF COMPLIANC	`F		CONSERVATION	ON COMMISSION			
	CALL OF COMPLIANCE		OIL CONSERVATION COMMISSION					
,	hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED	APR 21	<u> 1988, 19</u>			
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.								
			BY Orig. Signed by Paul Kautz					
			TITLE Geologist					
	,			he filed in some	pliance with RULE 1104.			
	8.12.1.1	ether	1	•	of or a newly drilled or decorate			

X.M. fletchen
(Signature)
Partwer
(Title)
4-19-88
(Date)

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