NO. OF COPIES REC	EIVED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	G AS	
OPERATOR		
PRORATION OF	FICE	
Operator		

ŀ	SANTA FE	l .	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
Ì	FILE	KEGOESI .	AND	Effective 1-1-65		
ı	u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS		
	LAND OFFICE					
	TRANSPORTER OIL		e di Sang Sang			
-	GAS					
	OPERATOR OFFICE	-				
1.	PRORATION OFFICE Operator					
ŀ	J & H PRODUCTIO	N COMPANY				
	Address DRAWER II. ARTESIA. NEW MEXICO 88210					
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	P=1			
	Change in Ownership X	Casinghead Gas Conden	naate			
	If change of ownership give name	T 011 C	Day 1071 Midland To			
	and address of previous owner	Tenneco Oil Company	Box 1031 Midland, Te	xas		
	DESCRIPTION OF WELL AND	I FACE				
88.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	Lease No.		
	Western State	1 Sanmal <del>Fiel</del> d>	Landoches State, Feder	olor Fee State E-2714		
	Location	·				
	Unit Letter H ; 66	O Feet From The East Lin	e and 1980 Feet From	The North		
	Line of Section 4 To	wnship 17 Range	33 E , NMPM,	Lea County		
			-			
H.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
		di condendato				
	Permian Corp.  Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Box 3119 Midland Address (Give address to which appro	oved copy of this form is to be sent)		
	Nome of Addior. Edit Franchistor					
	and the second second	Unit Sec. Twp. P.ge.	Is gas actually connected? Wi	hen		
	If well produces oil or liquids, give location of tanks.	H 4 17 33	N <b>o</b>			
	** .t.tdustion is commingled wi	ith that from any other lease or pool,				
	COMPLETION DATA			The state of the s		
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Flug Back   Same Resty. Diff. Resty.		
				P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	7.5.1.5.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	4,581 Top Oil/Gas Pay	Cubing Depth		
	Lievations (Dr., RRB, R1, GR, etc.)	Idana or Francisco				
	Perforations			Depth Casing Shoe		
Patrone						
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17	13 3/8	284	300		
	6 5/8	5 <del>½</del>	4,564	155		
				I and much be carred to as arrand top allow		
V.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allou		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
			<u></u>	2 405		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of lest	Date: Generality Mana.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size		
	Teering Manual (Spread ages 500)					
	CERTIFICATE OF COMPLIAN	VCF	OIL CONSERV	ATION COMMISSION		
٧I	CERTIFICATE OF COMPLIAN			A Company of the Comp		
I hereby certify that the rules and regulations of the Oil Conservation			11 , , , , , , , , , , , , , , , , ,	APPROVED 11000 , 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		a Manes			
			SUPERVISOR DISTRICE )			
			TIT/E			
	4	, 7,	This form is to be filed in	compliance with RULE 1104.		
	This Woulds	Staner	To all a secure of the sall	owable for a newly drilled or deepens		
	(Sid	nature)	well, this form must be accomp tests taken on the well in acc	namiad by a tabulation of the deviction		
	Deadwatian Olamb			to distant and completely for allow		

(Title)

(Date)

March 25, 1969

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.