

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator JFG Enterprise		
Address P.O. Box 100, Artesia, New Mexico 88211-0100		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Temporary abandon Morrow Zone. Recomplete to Bone Spring Sand.
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Lease Name Max State		Well No. 1	Pool Name North Lusk Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LG-7655
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u>					
Line of Section <u>32</u> Township <u>18 S</u> Range <u>32 E</u> , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oil Purchasing		P.O. Drawer 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Conoco, Inc.		P.O. Box 2197, Houston, Texas 77252			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 32	Twp. 18S	Rge. 32E	Is gas actually connected? When Yes August 1, 1986

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
(X)		X			X		X		
Date Spudded April 15, 1980	Date Compl. Ready to Prod. 6/25/80 & 9/21/86	Total Depth 12980		P.B.T.D. 9720 ft.					
Elevations (DF, RKB, RT, GR, etc.) 3961 GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 9298		Tubing Depth 9424					
Perforations 15 holes 9298-9301-04-11-16-21-64-66-72-74-76-79-85-89 & 9392		Depth Casing Shoe 12980							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		408		425			
12 1/4"		8 5/8"		4281		2950			
7 7/8"		5 1/2"		12980		1200			
4 3/4"		2 3/8"		9424		-0-			

Date First New Oil Run To Tanks 9/21/86		Date of Test 24	Producing Method (Flow, pump, gas lift, etc.) Pump-2" x 1 1/4" x 24' & 120" Stroke	
Length of Test 24	Tubing Pressure 90	Casing Pressure 90	Choke Size Open	
Actual Prod. During Test 92	Oil-Bbls. 92	Water-Bbls. -0-	Gas-MCF 80	

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

L. N. X Litcher  
(Signature)

Agent  
(Title)

9-24-86  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1986, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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