

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
JFG Enterprise

Address  
P.O. Box 100, Artesia, NM 88211-0100

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)  
Change of Ownership for this Well #2 which is an approved Water Injection Well Permit #SWD-320 dated 6/20/87.

If change of ownership give name and address of previous owner: Kindred Petroleum Company, P.O. Box 411, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name State HS	Well No. 2	Pool Name, including Formation EK Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. L-6309
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>18-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

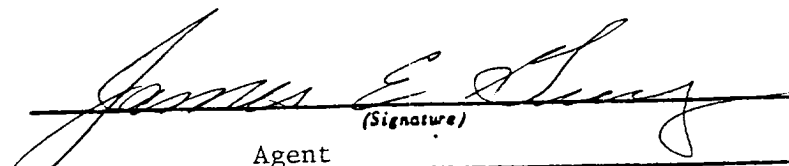
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.

  
(Signature)  
Agent  
(Title)  
December 11, 1987  
(Date)

OIL CONSERVATION DIVISION  
DEC 18 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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 deviated 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 multiple completed wells.