Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

<u>I. </u>	TO:	TRANS	SPORT OF	L AND NA	TURAL G	AS						
Operator		Well API No.										
JFG Enterprise Address												
P.O. Box 100, Artesi	a New Mes	rico 8	8211_010	n								
Reason(s) for Filing (Check proper box)	CO TICW IRA	<u> </u>	OZII OIV		her (Please expl	ain)						
New Well			insporter of:							i		
Recompletion												
I change of operator give name					fective 8							
and address of previous operator <u>Feat</u>	herstone I)evelc	pment Co	rp., 171	7 W. Seco	ond,	Ros	well, N.	.M. 8820]	L		
U. DESCRIPTION OF WELL					· · · · · · · · · · · · · · · · · · ·							
Lease Name TPC&O State	Well No. Pool Name, Includi				-			of Lease No.				
Location	1 Vacuum Abo Reef State, State E-7567-3								-3			
Unit LetterI	:_ 1650	Fe	et From The Sc	outh Li	ne and330)·	lie	et From The	East	Line		
								ot i iom inc .		Line		
Section 24 Township	p_17S	Ra	nge 35E	, N	MPM, Lea	3				County		
III. DESIGNATION OF TRAN	SPORTER O	F OIL	AND NATU	RAL GAS	see me	li.	1-2-0	m. 7	-NriPL			
Name of Authorized Transporter of Oil	ا لکا	ondensate	ارجى ليان	SI 72%	ve address to w					-		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)									0			
Phillips Petroler 66 Nath gar					4001 Pennbrook, Odessa							
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When											
f this production is commingled with that f	I 24		.7S 35E	No No		1						
V. COMPLETION DATA	nom any other real	se or poor	, give containing	ung order nur	10er:							
Designate Type of Completion	Oil	Well	Gas Well	New Well	Workover	D∞	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Date Spudded		dy to Pro	<u> </u>	Total Depth	1	<u>l</u>			<u> </u>			
Date Spudded Date Compl. Ready to Prod.								P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				
Perforations												
· Crior Bacous					Depth Casing Shoe							
	TUBI	NG, CA	SING AND	CEMENTI	NG RECOR	D		1				
HOLE SIZE	CASING			DEPTH SET			SACKS CEMENT					
	<u> </u>	·····		ļ								
	•											
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re	T	lume of lo	ad oil and musi						or full 24 hour.	5.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	gth of Test Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF				
	<u> </u>			<u> </u>	. 			<u> </u>	····			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			IDble Conde	AMCE			10				
Actual Flott Test - MC17D	Lengui or Test			Bbls. Condensate/MMCF				Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size					
			·····									
VI. OPERATOR CERTIFICA	ATE OF CO	MPLL	ANCE	(ICE		ATION I	טואופוט	NI		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION AUG 2 8 1989							
is true and complete to the best of my knowledge and belief.					Date Approved							
· /	1			Date	yhhiove							
Log r. fletcher						ORIG			Y JERRY SE	KTON		
Signature / Loy G. Fletcher Partner					ByBISTRICT 1 SUPERVISOR							
Printed Name		Titl	ie	Title								
August 24, 1989	(505) 7	746-98 Telephor	111 re No									
		- or obtains		11								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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