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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

Navajo
Lse. #
7822

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|--------------|
| Operator JFG ENTERPRISE | | Well API No. |
| Address P.O. BOX 100, ARTESIA, N.M. 88210 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---|------------------------------|
| Lease Name TPC+O STATE | Well No. 1 | Pool Name, Including Formation VACUUM ABO REEF | Kind of Lease State, Federal or Free | Lease No. E-7567-3 |
| Location Unit Letter I : 1650 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 24 Township 17S Range 35E , NMPM, LEA County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|-------------------|--------------------|--------------------|---|-------|
| 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) P.O. DRAWER 159 ARTESIA NM 88210 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or EFFECTIVE FEBRUARY 1, 1992 | Address (Give address to which approved copy of this form is to be sent) 4001 PENDERBROOK, ODESSA TX 79762 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 24 | Twp. 17S | Rge. 35E | Is gas actually connected? NO | When? |

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

V. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | 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 | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|---|--------------------------------|--|---------------------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) | | | |
| Date First New Oil Run To Tank 6-20-91 | Date of Test 6-21-91 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24 HRS. | Tubing Pressure 0 | Casing Pressure 0 | Choke Size NONE |
| Actual Prod. During Test | Oil - Bbls. 53 | Water - Bbls. 0 | Gas - MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
LOY G. FLETCHER
Printed Name
LOY G. FLETCHER
Date
6-24-91
Title
PARTNER
Telephone No.
(505) 746-9680

OIL CONSERVATION DIVISION
JUN 28 1991

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title

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.