

SALE FILE		
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

Effective 5-1-88

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator:

JFG ENTERPRISES

Address:

P.O. Box 100, ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

completion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☒

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Age of ownership give name

Address of previous owner EXXON COMPANY USA, P.O. Box 1600, Midland, Tex 79702

## DESCRIPTION OF WELL AND LEASE

Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CHARLES S. ALVES	4	SCHARB BONE SPRINGS	State, Federal or Fee Fee	
Section				
Well Letter: B ; 660 Feet From The ENL Line and 1800 Feet From The EAST				
Line of Section 7 Township 19S Range 35E, NMPM, LEA County				

## 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)
NAVARO REFINING COMPANY	P.O. Box 159, ARTESIA, NEW MEXICO 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)
PHILLIPS PET COMPANY	4TH + WASHINGTON, ODESSA, TEXAS
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 7 19S 35E	YES 9-29-74

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					

## VI. 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

J. M. Fletcher

(Signature)

Partner

(Title)

4-19-88

(Date)

## OIL CONSERVATION COMMISSION

APPROVED

APR 21 1988

BY

Orig. Signed by

Paul Kautz

Geologist

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 multi-