Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

Santa Fe, New Mexico 87504-2088

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

I.	REQ					BLE AND			ON				
Operator		TO TH	AINSP	OHI	Oll	L AND NA	TUHAL		Wall	API No.			
JFG Enterprise						Well							
Address		·-								30-0	<u> 25-26982</u>	<u>'</u>	
P.O. Box 100, Art	esia, Nev	v Mexic	o 88	211-0	010	00							
Reason(s) for Filing (Check proper be	ox)						her (Please exp	olain)					
New Well Recompletion		Change in			_								
Change in Operator	Oil Coningha		Dry G		_								
If change of operator give name	Casinghe	ad Gas	Conde	nsale [- 11				
and address of previous operator		·					· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF WEI	LL AND LE	ASE	, -			19 A4	147 3	1/4					
Tonto State		Well No.	Pool N	iame, In	cludi	ing Formation	35 - Ideat	- Jun		of Lease Federal or Fo	T C2	Lease No.	
Location		<u> </u>				Spring.	Delawar	e	otate,	Teocial of To	1.63	230	
Unit Letter	. 19	980	Feet E	men The	S	South Lin	220	n ·	-	. 50	Foot		
			_ 1 00 11			<u>ouerr</u> Di	10 and	<u> </u>	Fe	et From The	<u>East</u>	Line	
Section 32 Tow	nship 19)S	Range	33	3E_	, N	МРМ,]	ea			County	
III. DESIGNATION OF TR	ANSPORTE	R OF O	IL AN	D NA	TU	RAL GAS							
Name of Authorized Transporter of O		Address (Give address to which approved copy of this form is to be sent)											
Navajo Crude Oil Purchasing						P.O. Drawer 159, Artesia, N.M. 88211-0100						0100	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco Inc.						Address (Give address to which approved copy of this form is to be sent)						rent)	
If well produces oil or liquids,	Unit	Unit Sec. Twp. Rg				P.O. Box 1959, Midland Is gas actually connected? When					9702		
give location of tanks.	J	32	19S	33		No.	y connected?	•	When		-4-11	1 •	
If this production is commingled with t	hat from any oth		pool, giv	/e comm	ungi	ing order numl	ber:		JONG	oco nas	staked	line	
IV. COMPLETION DATA					_		******				······································		
Designate Type of Completi	on - (X)	Oil Well	(Gas Wei	ı	New Well	Workover	Deep	en	_	Same Res'v	Diff Res'v	
Date Spudded		X Neady to	Prod.			Total Depth	<u> </u>	<u> </u>		X	<u></u>		
6/8/81	1	12/6/89				13630			P.B.T.D. 8150				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
GR 3569.5 Gem Bone Spring Delawar						e				7960			
										Depth Casing Shoe			
7906,7909, 7913, 7919, 7925, 7928, 7934, 7936 TUBING, CASING ANI					<u>6.</u>	7937,7943, 7948				13630			
HOLE SIZE					<u>'D</u>		DEPTH SET			ľ	24010 071		
17 1/2	13	CASING & TUBING SIZE				1230				SACKS CEMENT 1300 sx			
17 1/4	8				\neg	5210				2700 sx			
7 7/8	5	5 1/2					13630			1200 sx			
U TECT DATE AND DECL	2	7/8 t	ubin	g		94	80				<u> </u>		
V. TEST DATA AND REQU OIL WELL (Test must be after													
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		j ioaa o	u and m	usi t	Producing Me	exceed top allo	owable fo	r this	depih or be j	for full 24 hou	rs.)	
11-8-90	1		2/00					ump, gas	iyi, ei	c.)			
Length of Test		11/8/90-11/9/90 Tubing Pressure				11'' pump Casing Pressure				Choke Size			
24 hours	45#					45#				none			
Actual Prod. During Test	Oil - Bbls.	** *** *** *** *** *** *** *** *** ***				Water - Bbls.			_	Gas- MCF			
120 bpd	12	120				-0-				32			
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casina bases	Casing Pressure (Shut-in)			Chole Sin			
reading structures (paors, oracle pr.)	ruoing rice	ouie (Shut-i	ш,			Casing Pressur	re (Snut-10)			Choke Size			
VI. OPERATOR CERTIFI	CATE OF	COMPI	IANI	CE	\dashv								
I hereby certify that the rules and reg				CL			IL CON	ISER	VA	NOIT	DIVISIO	N	
Division have been complied with and that the information given above													
is true and complete to the best of m	y knowledge and	1 belief.				Date	Approve	d		IYU	V 14 %	and the	
Las r. He	-1-						, ,						
Signature						Ву	Q.W.	Wen to	\$ 18°	1949 : : : : : : : : : : : : : : : : : :	FT 553.10	Ν .	
Loy G. Fletcher		Part			-	-, _		240	14	7 KB11.24 V	60 60 k 10 110 v		
Printed Name	/505: = :		Title			Title_							
11/9/90 Date	(505)74	16-9 <u>680</u>									· · · · · · · · · · · · · · · · · · ·		

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

4....

NOV 1 4 1990

1000 490 4