	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1.								
	FILE		REQUEST FOR ALLOWABLE AND									
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS								
	TRANSPORTER	EFFec	tive Date									
	GAS	5-	-1-88 .									
,	PRORATION OFFICE											
1.	Operator											
	JFG ENT	erprises										
	Box 100, ArtesiA, N.M. 88210 Reason(s) for filing (Check proper box) Other (Please explain)											
	Reason(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of:											
	Recompletion	Oil Dry G	os									
	Change in Ownership Casinghead Gas Condensate											
	If change of ownership give name	EXXON CORPORAt	Soul Desidence in M	1. 1 T 7970-								
	and address of previous owner	LAXON CORPORAS	TON, BOX1600 Mid	(ANX, 1X, 17/02								
П.	DESCRIPTION OF WELL AND LEASE       Lease Name     Well No. Pool Name, Including Formation     Kind of Lease     Lease No.											
	New mexico'DD' StA	te 4 Scharb Bo.	NC Springs State, Foder	A-4096								
	Unit Letter K ; 20	80 Feet From The South Lir	ne and <u>1480</u> Feet From	The West								
	Line of Section 4 Tow	wnship 195 Range	35E , NMEM, LE	County								
III	DESIGNATION OF TRANSPOR	TEP OF OUL AND NATURAL GA	IS I I I									
***	DESIGNATION OF TRANSPORT	Condensate	Address (Give address to which appr	oved copy of this form is to be sent,								
	NAVAJO REFINING C		Box 159, Artesia Address (Give address to which appr	$\frac{1}{1}$ ,								
	WArren Petroley.											
	It well produces on or inquice,		$B = X / 589 - T_u / 5A$ is gas actually connected? (W)									
	give location of tanks.	E 4 19 35	yes !	2-22-03								
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,										
	Designate Type of Completic	on = (X)	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 Oll/Ges Pay	Tubing Depth								
	Lievenions (Dr, RRB, R1, GR, etc.)	Name of Producing Formation		Long Depth								
	Perforations			Depth Casing Shoe								
		TUBING, CASING, AN	D CEMENTING RECORD									
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT								
			· 									
			· · · · · · · · · · · · · · · · · · ·	·····								
			······	· · · · · · · · · · · · · · · · · · ·								
v.	OIL WELL	able for this de	ench of be for full 24 hours,	land must be equal to or exceed top allow								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	lift, etc.)								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size								
		011 - BE:e.	Water-Bble.	Gas - MCF								
	Actual Prod. During Test											
	l	<u> </u>										
	GAS WELL	Length of Test	Bois, Condensate/MMCF	Gravity of Condensate								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size								
VI.	CERTIFICATE OF COMPLIAN	L	OIL CONSERV	ATION COMMISSION								
• 1 •			APPROVED APR 20 1988									
	I hereby certify that the rules and r Commission have been complied w	with and that the information given										
	above is true and complete to the	best of my knowledge and belief.	BY Signed by Paul Rautz									
			TITLEGeologist									
	2.19. + L	Tolor	This form is to be filed in compliance with RULE 1104.									
	(Signe	iture l	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the devision									
	PArt	le)	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-									
	(Ti) 4 -	19-88	able on new and recompleted walls.									
			well name or number, or transporter, or other such change of condition.									

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