ſ	NO. OF COPIES RECEIVED										
	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65						
F	FILE U.S.G.S.	AUTHORIZATION TO TRAN									
		EFFECTIVE DATE 5-1-88									
	OPERATOR PROBATION OFFICE		<u> </u>								
1.	JFG ENTERPRISE										
ŀ	Address P.O. Box 100, Artesia, N.M. 88211-0100										
ł	Reason(s) for filing (Check proper box) Other (Please explain)										
	New Well Recompletion Change in Ownership X	Oil X Dry Gas Casinghead Gas Condens									
	If change of ownership give name EXXON COMPANY U.S.A., P.O. Box 1600, Midland, Texas 79702										
11.	DESCRIPTION OF WELL AND L	EASE		Kind of Lease	064098						
	Lease Name White Federal	Well No. Pool Name, Including Fo 1 North Young - I		State, Føderal cr	Fee Federal 609031						
	Location Unit Letter 0 ; 550	Feet From The South Line	and 1880	_ Feet From The	East						
					Lea County						
	······································			<u>4</u>							
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	ER OF OIL AND NATURAL GAS           Image: Condensate	Address (Give address		copy of this form is to be sent)						
	Navajo Refining Company Name ci Authorized Transporter of Cas	P.O. Box 159, Artesia, N.M. 88211-0159 Address (Give address to which approved copy of this form is to be sent)									
	If well produces oil or liquids, give location of tanks.	is gas actually connected? When NO									
	If this production is commingled wit	0 5 18 S 32 E h that from any other lease or pool, a		er number:							
IV.	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen P	lug Back   Same Restv. Diff. Restv.						
	Date Spudded	Date Compl. Ready to Prod.	Total Derth	P	.B.T.D.						
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Т	ubing Depth						
	Perforations			D	epth Casing Shoe						
		TUBING, CASING, AND	CEMENTING RECO	RD							
	HOLESIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT						
			· · · · · · · · · · · · · · · · · · ·								
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)										
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Fl.	ow, pump, gas lift,	etc.)						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size						
	Actual Prod. During Test	Cil-Bbis.	Water-Bbis.		Gas - MCF						
	I										
	GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MA	CF	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	nt-in)	Choke Size						
VI	. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVATION COMMISSION								
	I hereby certify that the rules and	APPROVED	APR 21	1988, 19							
	O have been complied	with and that the information given the best of my knowledge and belief.	BY Orig. Signed by Paul Kautz								
			TITLE <u>Geologist</u> This form is to be filed in compliance with RULE 1104.								
	L. M. K	letcher	Inis form is	equest for allowa	ble for a newly drilled or deepene						

 $\frac{(\text{Signature})}{PAT} \xrightarrow{(\text{Signature})} (\text{Title}) \\ (\text{Title}) \\ (4 - 19 - 98)$ 

I	f this is	а те	quest	for	allowable for a newly unfied of	Leepence
	this for	m mu	at be	aco	companied by a tabulation of the	devistio:
tests	taken o	n the	well	in	accordance with RULE 111.	
					filled out completely f	for allow

All mections of this form must be filled out completely for allow pbie on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner well nerve of number, or transporter, or other such change of condition

