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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator JFG Enterprise		Well API No. 30-025-31008
Address P.O. Box 100, Artesia, New Mexico 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input 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 _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Lease Name Lowell Federal	Well No. 1	Pool Name, Including Formation Tonto Bone Spring	Kind of Lease XXX Federal XXX	Lease No. NM-36915
Location				
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line				
Section 15 Township 19S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purch.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Suite 550, 10 Desta Dr., Midland, Tx. 79705	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15
	Twp. 19	Rge. 33
	Is gas actually connected? Yes	
	When? July 9, 1991	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 4-8-91	Date Compl. Ready to Prod. 6-5-91		Total Depth 13,682		P.B.T.D. 9807			
Elevations (DF, RKB, RT, GR, etc.) 3641.7 KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9156-9194		Tubing Depth 9207			
Perforations 9156 - 9194					Depth Casing Shoe 9807			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		500'		345 sx circ.			
11"	8-5/8"		5200'		2000 sx circ.			
7-7/8"	5-1/2"		9807'		1125 sx 50-50 poz			
	2-7/8"		9207'					

V. 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 5-31-91	Date of Test 6-1-91	Producing Method (Flow, pump, gas lift, etc.) Test pump-456-305-144 LUF 2-1/2" X 1-1/4" X 22'	
Length of Test 24	Tubing Pressure 28	Casing Pressure 28	Choke Size None
Actual Prod. During Test 90	Oil - Bbls. 70	Water - Bbls. 20	Gas- MCF 75

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 _____
James E Guy, Partner
Printed Name
8-4-92
Date
505-746-9811
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 06 '92

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.

RECEIVED
AUG 05 1992
OCD HOBBS OFFICE