Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		S	anta Fe	, New N	Mexico 87	504-2088					
I.	REC	UEST	FOR AL	LOWA	BLE AND	AUTHOF	RIZATIO	N			
Operator S & J OPERATING CO	L AND NATURAL GAS Well API No.				<del></del>		_				
Address P O BOX 2249, WICI	·	TIC m	v 7620	7 224	^	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Reason(s) for Filing (Check proper box)		ппо, г	X /630			her (Please ex	plain)				_
New Well Recompletion		Change i	іл Тлавяро			aici (i ieme ex	ordur)				
Change in Operator XXX	Oil Casinghe	ad Gas	Dry Gai			EFFECT	IVE 12/	/1/90			
If change of operator give name and address of previous operator N B					ing Co.,	4500 Th	nanksgi	ving Towe	r. Dall	as,TX 752	- ۲
II. DESCRIPTION OF WELL	AND LE	ASE							Ly Dail	25,IX /52	ź
Weatherly	Well No.		me, Includ ikard	ding Formation			Kind of Lease No.  State, Federal of Fee			-	
Location D		50					<del></del>				-
Unit LetterD	_ :		_ Feet Fro	m The	N Li	ne and66	50	Feet From The	W	Line	
Section 21 Townsh	ip 21S		Range	37E	۸,	МРМ,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	OR OF O	IL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PI	Address (Give address to which approved copy of this form is					ens)	-				
Name of Authorized Transporter of Casin	as 🕏	P O BOX 2528, HOBBS, NM 88240  Address (Give address to which approved copy of this form is to be sent)						_			
TEXACO PRODUCING  If well produces oil or liquids,			1	<del></del> -	P O Bo	x 3000.	Tulsa,	OK 74102		:nu)	
give location of tanks.	Unit   F	Sec. 21	Twp.     215	37E	is gas actuali	y connected?	Whe				-
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give	commingl	ing order num	ber: <u>451</u>			-		_
	<del></del>	Oil Well	Ga	s Well	New Well	Wastawas	1 5		,	-,	_
Designate Type of Completion  Date Spudded	<del> </del>	_i	i		<u>i</u>	Workover	Deepen	Piug Back	Same Res v	Diff Res'v	
Date Species	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			1
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations											
		<del></del>						Depth Casin	g Shoe		
HOLE SIZE						NG RECOR	D				
HOLE SIZE CASING & TUBING				E	DEPTH SET			SACKS CEMENT			
		<del></del>				<del></del>					
V. TEST DATA AND REQUES OIL WELL  Test must be often re	T FOR A	LLOWA	BLE	<del> </del>							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume o	f load oil i	and must b	e equal to or a	exceed top allo hod (Flow, pw	wable for the	is depth or be fo	or full 24 hour.	s.)	1
Length of Test								.,			İ
Length Or 168	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL			<del></del>			<del></del>					
	Length of Te	est			Bbls. Condens	ILE/MMCF		Gravity of Co	ndensale		
osting Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					casing ressure (Situr-10)			Cioke Size			
I. OPERATOR CERTIFICA	TE OF	COMPL	LIANCI	E		II CON	OED.		· · ·		
I hereby certify that the rules and regulate Division have been complied with and th	at the inform	ation piven	tion above		O	IL CON	SEHVA	ATION D	IVISIO	4	
is true and complete to the best of my kn	owledge and	belief.			Date	Annroved	<b>l</b>				
- 50 miles 1					24107	4P104EU			<del></del>		
Signature					Ву						
S & J OPERATING COMP	PANY P	etrole	um Eng	<u>in</u> eer	Hamma . 4						
1-14-71	81	7/723-	2166		Title_	<del></del>					
Date		Teleph	ione No.	_							

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.

and the second of the second s

- 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 the