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

State of New Mexico Energy, Minerals and Natural Resources Department

orm C-104 rvised 1-1-89 te Instruction

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		10 10	MIAOI	PUNIC	IL AND N	TOHAL		API No.			
S & J OPERATING CO	MPANY							0-025-26	453		
Address P O BOX 2249, WICE	HITA FAI	LLS, TX	76	307-22	19						
Reason(s) for Filing (Check proper box				 -	Ot	het (Please exp	olain)				
New Well				porter of:		` •	·				
Recompletion \sqcup	Oil		Dry	_	efi	fective 3	3/1/91				
Change in Operator f change of operator give name	Casingh	end Gas	Cond	lenante							
nd address of previous operator											
L DESCRIPTION OF WELL	L AND LI		·						_		
Lease Name WEATHERLY	Wall two Poor learns, inc				uding Formation USSELMAN			Kind of Lease Leas State, Federal or Fee		Lease No.	
Location											
Unit LetterG	<u> </u>	L980	_ Foot 1	From The _	N Lin	219	90	est From The	E	Line	
Section 21 Towns	L	i n 215		271			.				
Section 21 Towns	nip 4	(15	Range	e 371	. , N	МРМ,		LEA		County	
II. DESIGNATION OF TRA	NSPORT	ER OF O	IL A	TAN DE	JRAL GAS						
Name of Authorized Transporter of Oil SUN REFINING & MARKE		or Conde	name			ve address to w				ent)	
Vame of Authorized Transporter of Case		<u> </u>	or Dr	v Gas		30X 2039					
TEXACO PRODUCING INC					P O BOX 3000, TUI			roved copy of this form is to be sent) SA, OK 74102			
f well produces oil or liquids, ve location of traks.	Unit			Rge	s. is gas actually connected?			When ?			
this production is commingled with the	F from any or	21	21:		yes						
V. COMPLETION DATA	r non agy u	THE RESE OF	pout, g	ive community	hing order sum	DEC:					
Decimate Time of Completion	~~~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		api. Ready to			Total Depth	<u>L</u>	1	<u> </u>	<u>i </u>	<u>i </u>	
		ф. кому к	riou.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation erforations					Top Oil/Gas Pay			Tubing Depth			
								Depth Casin	g Shoe		
	,	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D	-!			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							···	-			
					 						
TECT DATE AND DECLED											
TEST DATA AND REQUE L WELL (Test must be after					he amount en						
L WELL (Test must be after te First New Oil Run To Tank	Date of Te	est	oj toda i	ou ana musi	Producing Me	thod (Flow, pu	rwable for this mp. eas lift. e	depth or be f	or full 24 hou	73.)	
ngth of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
ual Prod. During Test Oil - Bbl					Water - Bbis			Gas- MCF			
AS WELL								•			
tual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
• · · · · · · · · · · · · · · · · · · ·		(_,		Caring 1 (Cook)	ie (Sila-III)		CHOKE SIZE			
OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE				L			
I hereby certify that the rules and regul	tions of the	Oil Conserv	ation			IL CON	SERVA	TION [DIVISIO	N	
Division have been complied with and is true and complete to the best of my	unat the infor mowledge ar	mation give: id belief.	n above			_	_				
		,			Date	Approved					
Signature JO BUMGARDNER					Ву			e e e e e e e e e e e e e e e e e e e			
Signature JO BUMGARDNER S & J OPERATING COMP	ANY	;	AGENT	p.	by				<u> </u>		
Printed Name		•	Title		Title						
3/26/91 81 Date	7/723-2		bone No								
					IJ						

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.