NO. 07 COPIES				-*-			
SANTA FE		-		ONSERVATION COM	,ON	Form C+104 Supersedes Ol	d C-104 and C+1
FILC		-1	,	AND		Effective 1-1-0	
U.S.G.S.	LAND OFFICE		HORIZATION TO TRA	NSPORT OIL AND NA	TURAL GAS		
IRANSPORTE	OIL	-					
TRANSPORTE	GAS						
OPERATOR		4					
I. PROPATION (Operator		<u></u>	~				
Address	Box 10426 N		Texas 79702				
	ing (Check proper box			Other (Please es	iplain)	. <u> </u>	
New Well			in Transporter of:				
Recompletion		Cil Casta	head Gas Conden	E I			
Change in Owner			head Gas [_] Conden		······		
	iership give name previous owner						
II. DESCRIPTION	NOF WELL AND		lo. Pool Name, Including Fe	ormation K	ind of Lease		Lease No.
Otis L.	Jones	2			ate, Federal or Fe	•• Fee	
Location							_ /
Unit Letter_	_J; <u>1650</u>)Feet	From The <u>SOUth</u> Lin	e and <u>1750</u>	Feet From The	East	
Line of Section	on 34 To	wnship	22S Range	36Е , _{NMPM} ,	Lea		County
	N OF TRANSPOR'		IL AND NATURAL GA	S Address (Give address to i	which approved co	py of this form is	to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384 Jal, New Mexico 88252			
	If well produces oil or Higuids, Unit Sec. Twp. P.ge.			Is gas actually connected? When			
give location of	tanks.	I I 	· · ·	No		ruary 22, 19	982
If this production IV. COMPLETION		th that from		give commingling order n			
Designate	Type of Completion	on – (X)	Oil Well Gas Well	New Well Workover	Deepen ¹ Pluc I	g Back Same Rei	s'v. Diff. Restv.
Date Spudded		Date Comp	I. Ready to Prod.	Total Depth		.T.D.	ł
	1-29-82		8-82	3670 Tep Cil/Gas Pay	Tub	3650 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3513.9 GL Name of Producing Formation Yates-Seven Rivers			3223	1.40	3597	
Perforations 3223-3561 w/20 shots (Yates-Seven Rivers)				Depth Casing Shoe 3670			
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
			" 40.5 1b/ft 23.0 1b/ft	423' 3670'		<u> </u>	
	· · ·	7 "	23,0 10/10	3070	· · · · · · · · · · · · · · · · · · ·		<u> </u>
				fter recovery of total volume	ii	ust he sound to or	exceed top allo
OIL WELL	AND REQUEST F		able for this de	psh or be for full 24 hours)			
Date First New	Oll Run To Tanks	Date of Te	e t	Producing Method (Flow, p	ump, gas tijt, etc	·/	
Length of Test	Length of Test		8 a 11 0	Casing Pressure	Cho	Choke Size	
Actual Pred. Du	ring Test	Oll-Bbls.		Water - Bbls.	Ga	- MCF	
L				<u></u>			
GAS WILL							
Actual Frod. To	st-MCF/D	Length of	Fent	Bbis. Condensate/MMCF	Gra	vity of Condensate)
323			hours	Casing Pressure (Shut-1			
Orifice	(pitot, back pr.) tester	Tubing Pre	nsure (Shut-in)	SICP=135 psi FC			
VI. CERTIFICAT		CE		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		N COMMISSIO	N
					R.2.2 1982	>	19
I hereby certify that the rules and regulations of the Oil Connervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				APPROVED APR 22 1982 19			
				BYORIGINAL SIGNAL			
				TITLE DISTRICT CON			
L.	3 7			This form is to b	e filed in compl	innce with RUL	E 1104.
Larry Q. Homing				If this is a request for allowable for a newly drilled or deepend- well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with HULE 111.			
	Engi	neer		All sections of th	ils form murt be	filled out comp!	etely for allow.
(Tirle) 2-19-82 (Date)				All sections of this form must be filled out completely for allow able on now and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of cendities Separate Forms C-104 must be filed for each pool in multiply.			
				Contraction of the second s			