

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
JG-20 Properties, Inc.

Address
P.O. Box 796 Monahans, Texas 79756

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE NMLO

Lease Name Las Cruces A Federal	Well No. 1	Pool Name, including Formation Langlie-Mattix-7 Rivers QN-GB	Kind of Lease State, Federal or Fee Federal	Lease No. 30186B
------------------------------------	---------------	---	--	---------------------

Location
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East
Line of Section 22 Township 23S Range 37E , 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"/> <u>Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300 Tulsa, OK. 74102

If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>22</u>	Twp. <u>23S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When <u>1-18-90</u>
--	------------------	-------------------	--------------------	--------------------	--	------------------------

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Brenda N. Pool
(Signature)
Brenda N. Pool - Production Clerk
(Title)
January 29, 1990
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 01 1990, 19
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new 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 condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test 1-17-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 10#	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 16	Gas-MCF 10

AS 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

RECEIVED

JAN 31 1990

OCD