

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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, TX. 79756
Reason(s) for filing (Check proper box)
☐ New Well ☐ Recompletion ☒ Change in Ownership
Change in Transporter of:
☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
Other (Please explain) This well has been carried in the as TA.

If change of ownership give name and address of previous owner Southwest Production Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Las Cruces A 2nd</u>	Well No. <u>1A</u>	Pool Name, Including Formation <u>Langlie Mattix-Seven Rivers</u>	Kind of Lease <u>Federal</u>	NMLO Lease No. <u>30186B</u>
Location <u>Unit Letter # <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>23S</u> Range <u>37E</u> , NMPM, Lea County</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline Company</u>	<u>P.O. Box 2528 - Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

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)
Production Clerk
(Title)
October 4, 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 11 1989, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi
Separate Forms C-104 must be filed for each pool in multi completed wells.

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OCT 10 1989

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HOBBS OFFICE