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Appropriate District Office
DISTRICT I
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO		NSPC	ORT OIL	AND NAT	URAL GA	S			
erator			<u> </u>	1101	<u> </u>	71112 11111		: Well Al	PI No.	77	Carri
JG-20 Prope	rties. I	Inc.							3E-02	25-22	116
iress											
P.O. Box 79)6		<u> </u>	<u>Ionah</u>	ans, Te	xas 7975		· ,			
ason(s) for Filing (Check	proper box)			_	_	Othe	т (Please explai	in)			
w Well			hange in								
completion	j 1	Oil		Dry Ga Conden	_	τ	Effective	Διισιις	+ 1, 19	91	
ange in Operator		Casinghead	Gas	Conoen	ISAIC		TITECTIVE	nagas	2, 2,		
hange of operator give na address of previous oper	me ator										
DESCRIPTION (ANDIFA	SE.								
ease Name	JF WELL F		Well No.	Pool N	ame, Includir	ng Formation			Lease	1)	ase No.
Lineberry		:	1	Clin	ne-Drink	kard Abo		State, I	ederal of Fee	15616	066
ocation											
Unit Letter	I	. 66	0	_ Feet Fr	rom The	East_Line	and198	0 Fee	t From The _	South	Line
Omi Detter									Lea		County
Section11	Township	, 23	S	Range	37E	, Ni	MPM,		Lea		County
·					OD NATURE	DAT CAS					
I. DESIGNATION	OF TRANS	SPORTE	or Conde	DIL AN	D NATU	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	int)
ame of Authorized Trans	CURLOCK PER	RMIÁN COR	P EFF 9	-1-91		P.O. Bo				77251	
rermian	_		X	or Dry	Gas	Address (Giv	e address 10 wh	nich approved	copy of this fo	orm is to be se	ent)
Texaco Producing Inc.						P.O. Bo	Tuls	Tulsa, OK. 74102			
well produces oil or liqu	Unit	Unit Sec. Twp.			e. Is gas actually connected?		When	When? 3-19-70			
ve location of tanks.	 ,	I	11	23	S 37E		Yes			-19-70	
this production is commi	igled with that i	from any other	r lease of	r pool, gi	ve comming	ling order num	ber: <u> </u>	-4119			
V. COMPLETION	DATA								Di Di di	Same Res'v	Diff Res'v
		~	Oil We	n l	Gas Well	New Well	Workover	Deepen	Plug Back	Same Nes +	I I
Designate Type of	Completion		l Deadus	la Brad		Total Depth	i	1	P.B.T.D.	L	
ate Spudded		Date Comp	i. Ready	IO FIOU.		1022					
OF DED DE	CP eta)	Name of Pr	nducine	Formatio	<u> </u>	Top Oil/Gas	Pay		Tubing Dep	th	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation							<u> </u>				
erforations		_i							Depth Casin	ng Shoe	
		T	UBINO	G, CAS	ING AND	CEMENT	ING RECOF	₹D		010/0 051	AENT
HOLE SIZ	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
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· mpom D · T · · ·	TO DECLIE	ST FOR	TIOV	VARLI	F						
V. TEST DATA A	i musi be after	SIFUN C	nal volum	re of load	d oil and mus	si be equal to o	or exceed top al	lowable for th	is depth or be	for full 24 ho	ours.)
OIL WELL (Text Date First New Oil Run 7		Date of Te				Producing N	Method (Flow, p	oump, gas lift,	etc.)		
Date Lite Hen Oil Kutt 1	Daw 01 14	Tubing Pressure				Casing Pressure					
Length of Test	Tubing Pro								Choke Size		
									Gas- MCF		
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Water - Bbl	8.		Oas- Mci			
_											
GAS WELL									· · · · · ·	C. deserte	
Actual Prod. Test - MCF					Bbls. Cond	ensate/MMCF		Gravity of Condensate			
						769		Choke Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)							
=											
	CERTIFIC	CATE O	F CON	APLLA	NCE		OIL CO	NSFR	/ATION	DIVISI	ON
VI. OPERATOR	e rules and regi	ulations of the	e Oil Con	servation	Δ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2. A	
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I hereby certify that the	a the hest of m	v knavledce				Da	te Approv	EU			
I hamby contify that the	o the best of my	y knowledge	// /			1.1		orig. Sign	ბი. '∋ V		
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I hereby certify that the Division have been on is true and complete the Comp	do the best of my	7.4	ral			Ву		Paul K	autz		
Division have been on is true and complete to Signature	do the best of my	7.4	ducti			11					
I hereby certify that the Division have been on its true and complete the Signature Brenda N. P. Printed Name	do the best of my	Pro	ducti	Titl		11	e				
I hereby certify that the Division have been on its true and complete the Signature Brenda N. P.	do the best of my	7.4	ducti 943-3	Titl	e 	11					

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.