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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Box 2088 P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION EFFECTIVE 11-1-91 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-25953 JFG ENTERPRISE Address P<u>.o</u>. P.O. BOX 100, ARTE:
Reason(s) for Filing (Check proper box) BOX ARTESIA NM 88210 Other (Please explain) Change in Transporter of: Dry Gas Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. State, Federal or Fee COMANCHE STATELINE TANSILL YATES 3002 N.M. STATE Location 1644 Feet From The South Line and 2311 Feet From The EAST LEA 265 , NMPM, Township_ Range 366 County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [SID RICHARDSON CARBON & GASOLINE IS CITY BANK TOWER, 201 MAIN ST., FORT WORTH, TX.

Is gas actually connected? | When? If well produces oil or liquids, Unit Twp. Rge. I Sec. give location of tanks. 28 265 36E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. 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 allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.)

VI. OPERATOR 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 above

is true and complete to the best of my kno	rwledge and belief.
Z.M. flex	l
Signature	PARTNER

Printed Name 11-6-91

(505) 746-9680 Telephone No.

OIL CONSERVATION DIVISION

Date Approved __ Ву_

Title_

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.

- till I am for allowable on now and recompleted wells

RECEIVED

NOV 07 1991

JCD HOBBS OFFICE

HO. OF COPIES RECE	11465	:	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		1	

t	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11			
	FILE		AND	Effective 1-1-65			
į	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS			
	LAND OFFICE	EFFECTIVE	5-1-88				
	TRANSPORTER OIL	EFFECTION					
	GAS	4					
	OPERATOR	4					
1.	Operator	<u> </u>					
		-A 5-05					
	Address Box 100, Antes Reason(s) for filing (Check proper box	- prises	· · · · · · · · · · · · · · · · · · ·				
	Box 100 Artes	in. N. m. 88210					
	Reason(s) for filing (Check proper box)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	OII Ery Ga	s				
	Change in Ownership	Casinghead Gas Conden	isate				
	If change of ownership give name and address of previous owner	Exxon corporation	on, Box 1600, mid	land, Tex. 79702			
**	DESCRIPTION OF WELL AND	IFACE		•			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fa	ormation TANSIII - Kind of Leas				
	MPW MEXICO"CV" STA	te 1 comanche str	Ateline VAtes State, Fodore	3002			
	Location						
	Unit Letter J ; 16	44 Feet From The South Lin	e and 2311 Feet From	The <u>East</u>			
	Line of Section 28 To	waship 26-5 Ronge	36-E , NMPM, LEA	County			
		men on our AND NATURAL CA	c				
III.	Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent;			
	l .		Ray 159 Autosia	u m 882/0			
	NAVAJO KEFINING	C & , singhead Gas 🔀 or Dry Gas 🗔	Box 159 A ++esiA Adaress (Give address to which appro	ved copy of this form is to be sent)			
	El Pase						
		Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en			
	If well produces oil or liquids, give location of tanks.	J 28 265 36E	Hoge	9-1-78			
	The state of the s	ith that from any other lease or pool.	give commingling order number:				
	COMPLETION DATA	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
		On (Y)	New Well Workover Deepen	Flug Back Same Resfy. Diff. Resfy.			
	Designate Type of Completi			P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.BD.			
		Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name 8. Floadering 1 dimation	1				
	Perforations		<u> </u>	Depth Casing Shoe			
	1 611512115115						
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			·				
			· · · · · · · · · · · · · · · · · · ·				
			<u> </u>				
V.		OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load oil spih or be for full 24 hours)	and must be equal to or exceed top allow			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)			
	Bate : Mat New Oil New 75 7 5 5 5 5						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF			
				<u></u>			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Lengin Si .est	Bolls, Condensation, Manager				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	, esting Metros (prior, back priy	, 1211, 1 1000 2 (2110 21)					
		:05	OIL CONSERV	ATION COMMISSION			
VI.	CERTIFICATE OF COMPLIAN	ICE.					
		regulations of the Oil Conservation	APPROVED	<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Jess Staned by	19. U				
	above is true and complete to the best of my knowledge and belief.		BY Sant Kautz	, 19, 19			
			TITLE Geologist				
			This form is to be filed in	compliance with RULE 1104.			
	2.17. + let	ela	I to too ollo	mable for a newly drilled or deepene			
	- Ville / Junear		If this is a request for allowable to a houry district well, this form must be accompanied by a tabulation of the deviation				

VI.

L.M. + letcher
(Signature)
Partner
(Title)
4-19-88
(Dett.)

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multiple