DISTRIBUTION

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VI.

NEW MEXICO OIL CONSERVATION COMMISSION

| SANTA FE | | 1 | - | REQUEST F | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 |
|--------------------------------------------|-------------|----------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| U.S.G.S. | | | L | AUTHORIZATION TO TRAI | AND NSPORT OIL AND NATURAL GAS | |
| LAND OFFICE | | | <u> </u> | | TO SEE AND NATURAL GAS | |
| TRANSPORTER | GAS | , | | 1 | | |
| OPERATOR | | 1 | | 1 | | |
| PRORATION OF | IC E | <u>. </u> | <u> </u> | | | |
| TRAN | IS DE | LTA | OI | L & GAS CO., INC. | | |
| Address 1330 | LEYD | EN | STF | REET SUITE 131 | | |
| DENV Reason(s) for filing | | | | | Other (Please evaluin) | |
| New Well | | | | Change in Transporter of: | Corporate Nam | ie Change from |
| Recompletion | | | | O11 Dry Gas | Dyon Day Oil & | Gas Co., Inc. to |
| Change in Ownership | <u> </u> | | | Casinghead Gas Condens | | · |
| If change of owners and address of prev | | | ne —— | | I rans Delta Oil | & Gas Co., Inc. |
| DESCRIPTION O | E WEI | T A1 | ND I | I FACE | | |
| Lease Name | r wel | LA | <u> </u> | Well No. Pool Name, Including For | rmation Kind of Lease | Lease No. |
| JICARILLA Location | B 15 | 6 | | 1 SO BLANCO | PC State, Federal or | Fee 156 |
| Unit Letter G | | | 175 | 50 Feet From The N : ine | and 1585 Feet From The | F |
| _ | | ' | | | reet rom The | |
| Line of Section2 | | | Tow | wnship 23N Range | 2W , NMPM, RIO A | RRIBA County |
| DESIGNATION O | F TRA | NSP | ORI | TER OF OIL AND NATURAL GAS | 5 | |
| Name of Authorized | Transpor | rter o | f Oil | or Condensate | Address (Give address to which approved a | copy of this form is to be sent) |
| Name of Authorized | Transpor | rter o | f Cas | singhead Gas or Dry Gas X | Address (Give address to which approved of | copy of this form is to be sent) |
| EL PASO NA | | | | . – | EL PASO TX | |
| If well produces oil give location of tank | | 8, | | Unit Sec. Twp. Rge. | is gas actually connected? When 1964 | |
| | | ngled | d wit | th that from any other lease or pool, g | rive commingling order number: | |
| COMPLETION D | | | | | New Well Workover Deepen Pl | ug Back Same Resty. Diff. Resty. |
| Designate Typ | oe of C | ompl | letio | $\operatorname{on} - (X)$ | | |
| Date Spudded | | | | Date Compl. Ready to Prod. | Total Depth P. | B.T.D. |
| Elevations (DF, RKE | 3, RT, G | R, et | c. j | Name of Producing Formation | Top Oil/Gas Pay Tu | ibing Depth |
| Perforations | | | | | De | opth Casing Shoe |
| Periorations | | | | | | |
| | | | | TUBING, CASING, AND | | |
| HOLE | SIZE | | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | | | |
| | | | | | | |
| TEST DATA ANI | REQI | UEST | r FC | OR ALLOWABLE (Test must be aft | er recovery of total volume of load oil and | must be equal to or exceed top allow- |
| OIL WELL | | | | able for this dep | th or be for full 24 hours) Producing Method (Flow, pump, gas lift, et | |
| Date First New Oil I | Run To T | 'ank s | | Date of Test | Producing Method (P. 10m, pump, gas 11)1, et | , |
| Length of Test | | | | Tubing Pressure | Casing Pressure Ch | noke Size |
| Actual Book Dustage | Test | | | Oil-Bbls. | Water-Bbis. Go | ts - MCF |
| Actual Prod. During | 1 481 | | | OII-BBIO. | | |
| | | | | | | |
| GAS WELL Actual Prod. Test-N | ACE/D | | | Length of Test | Bbis. Condensate/MMCF Gr | avity of Condensate |
| Actual / Tour Tour | | | | | | |
| Testing Method (pitc | t, back | pr.) | | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) Ch | oke Size |
| CERTIFICATE O | F COM | PLI | ANC | CE | OIL CONSERVATION | ON COMMISSION |
| | | _ | | | APPROVED | · · · · · · · · · · · · · · · · · · · |
| Commission have I | seen co | mplie | ed w | regulations of the Oil Conservation with and that the information given | By Criginal Signed - A. | |
| above is true and | comple | te to | the | best of my knowledge and belief. | TITLE TRANSPORTED AND A | |
| | 1 | | | | | |
| Man la Conda | | | | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | |
| | C (J) | 1 | Signa | ature) | well, this form must be accompanied tests taken on the well in accordance | by a tabulation of the deviation |
| CHIEF ACCT | | | | | All sections of this form must be | e filled out completely for allow- |
| DEC 20 | 1972 | 2 | (Tit | ie) | able on new and recompleted wells. Fith out only Sections I. II. III | . and VI for changes of owner, |
| | | | (Da | ite) | well name or number, or transporter, o | r other such change of condition. |

Separate Forms C-104 must be filed for each pool in multiply completed wells.

PARTOWALLON PARTOWALLON PARTA PS FILS U B.G.A.

OH, COMOLINAMION DESCRIPTION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

| LAND OFFICE | REQUEST FOR | | • | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| OPERATOR OAS | • | MD PORT DIL AND NATURAL GAS | | | |
| Operation of Fig. 1 | poration | | | | |
| Addras | evelland, Texas 79336 | | | | |
| Reason(s) for liling (Check proper bo | | Other (Please explain) | | | |
| Ilew well | Change in Transporter of: | | | | |
| Recompletion Change in Ownership X | () | Calinghead Gas Condensate | | | |
| If change of ownership give name and address of previous owner | | Co., Inc., 6300 Ridglea | Place, Fort Worth, Tex. | | |
| DESCRIPTION OF WELL AND | Viell No. Pool Name, Including Fo | ormation Kind of Leas | Indian Legue No. | | |
| Jicarilla "B" 56 | 1 Blanco PC So | outh State, Federa | 11 or F== 09000156 | | |
| Location Unit Letter ; 1 | 750 Feet From The North Lin | e and 1585 Feet From | The East . | | |
| Line of Section 2 To | ownship 23 N Range | 2 W . NMPM, Rio | Arriba County | | |
| DESIGNATION OF TRANSPOL Name of Authorized Transporter of O | RTER OF OIL AND MATURAL GA | S Address (Give address to which appro | oved copy of this form is to be sent) | | |
| Name of Authorized Transporter of C | asinghead Gas Or Dry Gas & | Address (Give address to which appro | oved copy of this form is to be sent) | | |
| El Paso Natural | | P. O. Box 1492, El Pas | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rgs. | Is gas actually connected? WY | nen | | |
| | with that from any other lease or pool, | give commingling order number: | | | |
| Designate Type of Complet | ion - (X) Oil Well Gas Well | Navi Well Workover Deepen | Plug Back Same Resty, Diff. Rest | | |
| Date Souddad | Data Compl. Ready to Prod. | Total Dopth | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producting Formation | Top Oil/Cas Pay | Tubing Dopth | | |
| Peilorettona | | | Daptir Castra Shoa | | |
| and the second s | THRUIC CISING AND | CEMENTING RECORD | and the second s | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | |
| | | | | | |
| | FOR ALLOWABLE (Test must be a college that de | 1 feer recovery of total volume of load of pih or he for full 24 hours) | l and must be equal to or exceed top allo | | |
| OIL WELL Date First New Oil Run To Tunks | Date of Toot | Producing Mothed (Flow, pump, 301 l | ift, sto.) | | |
| Length of Tret | Tubing Prossura | Casing Pressure | Choka Stra | | |
| Actual Prod. During Tost | O:1-Eble. | Wain: - Bbls. | Gas-MCF | | |
| | | | | | |
| GAS WELL Actual Fred. List-MCF/D | Langth of Tost | Bbla, Condensate/AMCF | Gravity of Condangate | | |
| lesting kierhod (jurai, back pr.) | Tubing Presews (Shuz-In) | Cosing Pressure (Shut-1n) | Choke Six) | | |
| CERTIFICATE OF COMPLIA: | NCE | | TION DIVISION | | |
| I hershy certify that the tules and | regulations of the Oll Conservation | APPROVED DEC 8 | | | |
| nivision have been complied wil | th and that the information given he best of my knowledge and belief. | BY C. ; Dg. 5 | | | |
| over to the and complete to the | | TITLE | ne dictrict 雅 3 | | |
| | | This form is to be filed in | compliance with MULE 1104. | | |
| George |) and one | If this is a request for allowable for a newly diffied or despen well, this form must be accompanied by a tabulation of the daylari | | | |
| • | • | well, this form must be accomp | ordance with RULK III. | | |
| District Adminis | strator | All sections of this form to | must be filled out completely for allowedle. | | |
| Dec ember 1, 1980 | | 11 | II, III, and VI for changes of own often or other such change of conditi | | |
| | _ | THE COMES COMES OF STREET, THE SECOND STREET, | | | |

(Date)

Fill out only Sections I. II, III, and VI for changes of owne-well name or number, or transporter, or other such thanks of condition

Separate Forms C-104 must be filed for each pool in multiprompleted wells.