State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Dissess DD, Asiana, NM 88210

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

DISTRICT III 1000 Rio Braos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	T	U THAN	SPORT OIL	ANU NA I	UNAL GA		N NA			
Complete							Wed AH No. 30-039-22012			
Jicarilla Apache Tribe Energy Company							30-037-22012			
Address										
P. O. Box 950, Dulce,	new re	X100 07	320	Other	(Please expla	in)				
Rencon(s) for Filing (Check proper box)		Change in To	emorter of:		. , 	•				
New Well	Oil (, ,			
Recompletion			adeasta 🔲	EFFE	ECTIVE DA	ATE (1/97			
			Company,						87401	
If change of operator give same and address of previous operator ARCO	<u> Uil an</u>	d Gas C	ompany.	IOIO E. I	lolia ve •	armingt	WILL HEY	110/100	<u> </u>	
II. DESCRIPTION OF WELL A	IND LEA	SE						· · · · · · · · · · · · · · · · · · ·		
Losse Name Well No. Pool Name, Including					g Formation Gallup Dakota, West			of Lesse Lesse No. Federal or Fee 6097800		
Jicarilla Apache JV 5		3 L	indrith (sallup Da	akota, We	St		16091	BODOI	
Location			Á I.	-u+h	10	40	_	West	_	
Unit Letter C	:950	R	et From The No	orun Line	and		t From The .	псэс	Line	
	001	•	31	بعد ام	OM,	Rio	Arriba		County	
Section 5 Township	2.31	, K	ange 31	· ruv	M IVE			· · · · · · · · · · · · · · · · · · ·		
III. DESIGNATION OF TRANS	SPORTE	OF OIL	AND NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Condensat	• 🗀	Address (Gree	address to wh					
Meridian Oil Company	P. O. Box 4289, Farmington, N. M. 87499									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas							copy of this form is to be sent)			
	Paso Natural Gas Company P. O. Box 4990,						Farmington, N. M. 87499			
If well produces oil or liquids, give location of tents.	I produces cell or liquids, Unit Sec. Twp. Rgs. Is gas actually connected?					Whea	:			
			23N 3W	Yes						
If this production is commingled with that f IV. COMPLETION DATA	TOER MBY CUR	a name or box	of Bas consumb	THE CHOCK MALES	—					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Doepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i				<u> </u>	1	1	
Date Spudded		I. Ready to P	rod.	Total Depth			P.B.T.D.	—		
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
							Depth Casing Shoe			
Perforations								Solve cause care		
		TIRING C	ASING AND	(EMENTI)	NG RECOR	D				
LAN E CITE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKŞ CEMENT			
HOLE SIZE	CASING & TODING SIZE									
	 									
							<u> </u>			
				<u> </u>			<u>i </u>			
V. TEST DATA AND REQUES	T FOR A	TTOMY	BLE	. 4		manda dan shi	مط حم طابومان و	for full 24 hour	radia no esc	
OIL WELL (Test mest be after n	Producino M	exceed top alle	mo, sas lift.			WEIT				
Date First New Oil Run To Tank	Date of Tes	Date of Test			Producing Method (Flow, pump, gas lif			. (c) (ii) (i		
Length of Test	Tubing Pre	SILES		Casing Press.	TLG.		Charlesize	SD2 01	993	
	· 1 months & researce						SEP 3 0 1993			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbis.			GE MIL CON. DIV.		
				<u> </u>			1	DIST.	_	
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Test		Bbis. Conden	sale/MMCF		Gravity of	Condensate		
							Cale Ca			
Testing Method (pitat, back pr.) Tubing Pressure (Sout-in)				Casing Press		Choke Size				
	<u> </u>			-						
VL OPERATOR CERTIFICATE OF COMPLIANCE						ISFRV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation				1			/ATION DIVISION			
Divisions have been complied with and that the information given above in true and complete to the best of my knowledge and belief.				Date Approved			SEP 3 0 1993			
man and the second of the second my				Date	a Approve	<i>*</i> 0		Α		
						7	> 0	/		
Signature				∥ By_	By But Chang					
					SUPERVISOR DISTRICT #3					
Printed Name		(505)	759-3242	Title						
Date			boss No.							

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.