

Supersedes Old C-104 an
Effective 1-1-65

313 Washington SE, Albuquerque, NM 87108

Person(s) for filing (Check proper box) - Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain)
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change of ownership give name
address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name Jicarilla 71	Well No. 42	Pool Name, Including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Free Indian	Jicarilla Indian	Lease 71
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Unit Letter 'E' ; 1785 Feet From The north Line and 840 Feet From The west

Line of Section 9 Township 23N Range 4W NMPM Rio Arriba Co

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source Corporation					Address (Give address to which approved copy of this form is to be sent) 8777 E. Via de Ventura, Ste. 100, Scottsdale, AZ 85258	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
Does well produce oil or liquids, or location of tanks.	Unit E	Sec. 9	Twp. 23N	Pge. 4W	Is gas actually connected?	When

his production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'r.	Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Producing Formations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Casing Formations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE L WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed to: 100% able for this depth or be for full 24 hours)

1st New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL

Test Prod. Test-MCF/D	Length of Test	Ebb. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Coating Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

Thereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. W. Miller (Signature)

President

(Title)

DEC 29 1986

(Done)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deviated well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for use on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conditions.