| NO. OF COPIES RECEIVED | | 5 | |
|------------------------|-----|-----|--|
| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | 1 | |
| U.S.G.S. | | 7 | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | 7 | |
| | GAS | / | |
| OPERATOR | | 1 | |
| | | , , | |

II.

II.

v.

v.

VI.

| DISTRIBUTION | NEW MEXICO OIL C | CONSERVATION COMMISS | ON | Form C-104 | |
|--|---|---|--|---|--|
| SANTA FE / | | EST FOR ALLOWABLE | | Supersedes Old C-104 and C-110 | |
| FILE / | | AND Effective 1-1-65 | | | |
| U.S.G.S. | AUTHORIZATION TO TRA | INSPORT OIL AND NA | TURAL GAS | | |
| TRANSPORTER GAS / | | | | | |
| OPERATOR / | | | • | | |
| PRORATION OFFICE | | | | | |
| Operator Step 1.1 | ly Oil Company | | | | |
| | Lincoln Street, Denver, | Colorado 80203 | | | |
| | XBRENOXXERIEZXXORIAKB | | | | |
| Reason(s) for filing (Check proper box | x) | Other (Please ex | olain) | | |
| New Well Recompletion | Change in Transporter of: Oil X Dry Ga | s [| | | |
| Change in Ownership | Casinghead Gas Conden | 77 | | | |
| Tf about of any and a single s | | | | | |
| If change of ownership give name and address of previous owner | | | | | |
| מאר של מאר מיינות או אויינות א | X E 4 CE | | | • | |
| DESCRIPTION OF WELL AND Lease Name | Well No. Pool Name, Including Fo | ormation Kin | nd of Lease | Legse No. | |
| Jicarilla C | 22 Otero Gallup | Sto | te, Federal or Fee | Federal Cont. #34 | |
| Location | | | | | |
| Unit Letter H; 19 | 180 Feet From The North Lin | e and <u>660</u> F | eet From The | East | |
| Line of Section 33 To | wnship 25 N Range | 5 W , NMPM, | Rio Arriba | County | |
| | . 23 1 | <u> </u> | KIO MILIDA | | |
| | TER OF OIL AND NATURAL GA | | ···· | | |
| Name of Authorized Transporter of Oi | | Address (Give address to w | | , | |
| Name of Authorized Transporter of Co | ortation Co. (P/L Div.) singhead Gas X or Dry Gas | P. O. Box 3120 Address (Give address to w | <u>Midland, Te</u> hich approved copy o | XAS 79701 f this form is to be sent) | |
| El Paso Natural Gas | Company | P. O. Box 990 | Farmington, | New Mexico | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | |
| give location of tanks. | H 28 25 N 5 W | Yes | | | |
| If this production is commingled we COMPLETION DATA | ith that from any other lease or pool, | 1 | | ck Same Besty Diff Besty | |
| Designate Type of Completi | on = (X) | I workover | l Seebeu , bind Ra | ck 'Same Res'v.'Diff. Res'v. | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D | , | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | TO THE | epth | |
| Perforations | | <u></u> | Depth C | sing thos | |
| | | | 13 411 | 0 | |
| | | CEMENTING RECORD | Or. Br. | GACK CEMENT | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | 18 24. | WACK CEMENT | |
| | | | 1 0,5 | ·-/ | |
| | | | 1 Op 01 | | |
| | | <u> </u> | | | |
| TEST DATA AND REQUEST F | | fter recovery of total volume (pth or be for full 24 hours) | of load oil and must b | e equal to or exceed top allow- | |
| OH. WELL Date First New Cil Run To Tanks | Date of Test | Producing Method (Flow, pr | mp, gas lift, etc.) | | |
| | | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke S | ize | |
| Actual Prod. During Test | Oil-Bhis. | Water-Bbls. | Gas - MO | F | |
| Actual Ploat During 16st | C.1-22.51 | | | | |
| | | | | | |
| GAS WELL | - | T 2212 - 0 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | c | -1 C | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity | of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in |) Choke S | ize | |
| | | | | | |
| CERTIFICATE OF COMPLIAN | CE | OIL COI | NSERVATION C | OMMISSION MAY 21 1970 | |
| I hereby certify that the fules and regulations of the Off Conservation | | 11 | APPROVED, 19 | | |
| Commission have been complied above is true and complete to the | with and that the information given e best of my knowledge and belief. | ef. BY | | | |
| - | | TITLE | BUI | PERVISOR DIST. | |
| 1. | /// | 1 | E:1-4 111 | on with put 5 4404 | |
| MI | Hiller | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | |
| (Sign | nature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | |
| | tions Superintendent | All sections of this form must be filled out completely for allow- | | | |
| • | itle) | able on new and recompleted wells. | | | |
| | -18-70 (ate) | 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. | | | |
| 10 | r | 91 | | | |

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 multiply completed wells.