

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

SANTA FE	/	/
FILE	/	/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRORATION OFFICE		

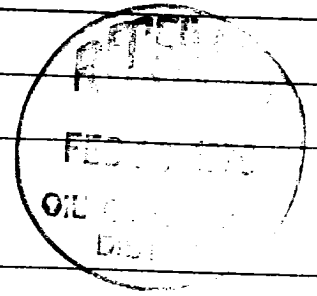
I. Operator
El Paso Natural Gas Company

Address
P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____



II. DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla 123 C	Well No.	20	Pool Name, including Formation	South Blanco PC	Kind of Lease	Jicarilla Apache	
Location	State (Federal & Fee) Tribal -- Lease #123						No.	
Unit Letter	C	990	Feet From The	N	Line and	1550	Feet From The	W
Line of Section	6	Township	25N	Range	4W	NMPM,	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit C, Sec. 6, Twp. 25N, Rge. 4W	Is gas actually connected?	When

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	12-19-75	Date Compl. Ready to Prod.	01-27-76	Total Depth	3322'	P.B.T.D.	3311'	
Elevations (DF, RKB, RT, GR, etc.)	6770' GL	Name of Producing Formation	PC	Top X/Gas Pay	3190	Tubing Depth	Tubingless	
Perforations	3190', 3192', 3208', 3210', 3212', 3225', 3227'						Depth Casing Shoe	3322'
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	12 1/4"	CASING & TUBING SIZE	8 5/8"	DEPTH SET	129'	SACKS CEMENT	118 cu. ft.	
	6 3/4"		2 7/8"		3322'		177 cu. ft.	
			Tubingless					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		1026	

CERTIFICATE OF COMPLIANCE

I hereby 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.

A. G. Lisco
(Signature)
Drilling Clerk
(Title)
February 11, 1976
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 18 1976, 19_____
BY Original Signed by J. A. Hendrick
TITLE SUPERVISOR DIST. #2

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable 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