

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form 1104 Supersedes Old 6-104 and Effective 1-1-65	
SANTA FE		REQUIRED FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRODUCTION OFFICE					

I. Operator
Northwest Production Corp.

Address
P. O. Box 990, Farmington, New Mexico 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 Well	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Gashead Gas	<input type="checkbox"/>	Gashead Gas	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Pool Number	Kind of Lease	
Jicarilla 123 C	24	So. Blanco P.C.	State, (Federal) or Free	Jicarilla Apache Tribal Cont. #1
Location				
Unit Letter	G	1650	Feet From The	North
			1525	Feet From The
			East	
Line of Section	7	Township	25-N	Range
			4-W	N.M.P.M.
				Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corp.	P. O. Box 90, Farmington, New Mexico 87401	
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Inland Corp.	P. O. Box 1528, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	7
	25-N	4-W

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Test	Perforator	Deepen	Plug Block	Time Restr.	Full Pa
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
04-09-77	06-14-77		3445'		3454			
Elevations (D.E., R.F.B., RT, CR, etc.)	Name of Producing Formation		Top **		Taking Depth			
6946' GR	Pictured Cliffs		3526'		tubingless			
Perforations					Depth casing shoe			
3326, 3376, 3380, 3388, 3394, 3396, 3397'					3445'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		135'		106 cu. ft.			
6 3/4"	2 7/8"		3445'		203 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-Cu. Ft.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
380	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc A.O.F.		890	3/4"

VI. 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.

(Signature)
Drilling Clerk
(Title)
June 16, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 deepened well, this form must be accompanied by a tabulation of the deviate 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☐

2. NAME OF OPERATOR
El Paso Exploration Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1630' N, 1525' E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Change Name of Operator from Northwest Production

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Effective August 29, 1979, Northwest Production Corporation was changed to El Paso Exploration Company.

5. LEASE Jicarilla Cont. 123
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Jicarilla 123 C
9. WELL NO. 24
10. FIELD OR WILDCAT NAME So. Blanco-Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-25-N, R-4-W N.M.P.M.
12. COUNTY OR PARISH 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6976' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED M. J. Brisco TITLE Drilling Clerk DATE November 13, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side