

CONTRACT NUMBER	
DISTRIBUTION	
FE	
OFFICE	
PORTER	OIL
	GAS
ATOR	
ATION OFFICE	

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

BHP Petroleum (Americas), Inc.	
P.O. Box 3280, Casper, WY 82602	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain)
e of ownership give name Energy Reserves Group, Inc., P.O. Box 3280, Casper, WY 82602 ress of previous owner	

DESCRIPTION OF WELL AND LEASE				
Name Jicarilla 35	Well No. 4	Pool Name, Including Formation S. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. Jic Tr. 35
Letter M : 890 Feet From The South Line and 960 Feet From The West				
of Section 35 Township 25N Range 5W, NMPM, Rio Arriba County				

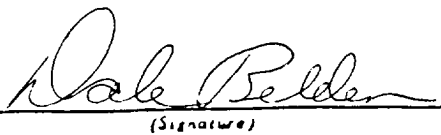
NATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87401
Unit Sec. Twp. Pgn.	Is gas actually connected? When
produces oil or liquids, cation of tanks.	Yes

production is commingled with that from any other lease or pool, give commingling order numbers:							
LETION DATA							
Signate Type of Completion - (X)							
Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Guadalupe	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
ons (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
itions	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE FILL (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)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

IFICATE OF COMPLIANCE	
y certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given is true and complete to the best of my knowledge and belief.	
 (Signature)	
District Clerk (Title)	
9-19-85 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	SEP 27 1985
BY	
TITLE SUPERVISOR DISTRICT 3	
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 multiply completed wells.	