•			
" NO. OF COPIES REC	IVED	6	
DISTAIBUTIO	N		
SANTA FE		/	
FILE		1	
U.S.G.S.		<u> </u>	
LAND OFFICE			
IRANSPORTER	OIL		
IMANSPORTER	GAS	1	
OPERATOR		3	
SECRATION OF	FICE	1	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

-	DISTRIBUTION	- , 	\dashv			OR ALLOWAE			Supersedes Old (C-104 and C-110
-	ANTA FE	-/-	7			AND			Effective 1-1-65	
\vdash	1.8.G.S.			AUTHORIZATION	TO TRAN	SPORT OIL	ND NATURA	L GAS		
	AND OFFICE			AG () ()	, , , , ,					
	OIL							•		
1	RANSPORTER GAS	1								
T	PERATOR	3								
h	PRORATION OFFICE									
7	perator	_		1		,				İ
L	Energy Reserve	s Gi	roup	o, inc.						
1	P. 0. Box 3280		رعدد	per Wyoming 826	02					
Ļ	leason(s) for filing (Check s	roper	box)	, <i>Ny</i>		Other ((Please explain)			ļ
- 1	iew Well	•		Change in Transporter	of:	_				
ı	Recompletion			Oil	Dry Gas	닏ㅣ				
10	Change in Ownership			Casinghead Gas	Condens	ate				
I	change of ownership givend address of previous or	vner_								
		- 4		FACE						
. <u>P</u>	ESCRIPTION OF WEI	L A	ND L	Well No. Pool Name,	Including For	rmation	Kind of		_	Lease No.
'				3 Blanco	Pict.	Cliffs, So	State, F	ederal or F	•• Federal	<u> Vicarilla</u>
-	Jicarilla 35									
	Unit Letter B	:	990	Feet From The No	orth_Line	and <u>1650</u>	Feet 7	From The_	<u>tast</u>	
	Outr Factor						MMOM		Rio Arriba	County
	Line of Section 2		Tow	mship 24N	Range	5W	, NMPM,		NIO ALLIDA	
_				PER OF OUR AND MAT	TIRAT CA	5				
ו. וַ	DESIGNATION OF TRA	ANSE	ORI	or Condensate	OKAL GAL	Address (Give a	ddress to which	approved o	opy of this form is to	o be sent)
- 1	Name of Authorized 113hop			_					(3) (- ((-)	a ha santi
+	Name of Authorized Transp	orter o	of Cas	singhead Gas or Dry	Gas 🏋	Address (Give a	ddress to which		opy of this form is to	o de zent)
	*ElPaso Natura					Box 990.	Farmington	n NM 8	37401	
1	If well produces oil or liqui			Unit Sec. Twp.	P.ge.	Is gas actually	connected?	i when	٠	
1	give location of tanks.			<u> </u>		No		<u> </u>		
1	this production is comm	ningle	ed wit	th that from any other les	se or pool,	give commingli	ng order numbe	r:		
٧. َ	COMPLETION DATA			Oil Well	Gas Well		rkover Deep		ug Back Same Res	v. Diff. Res'v.
	Designate Type of	Comp	oletio	on – (X)	X	x		i		
				Date Compl. Ready to Pro		Total Depth		P.	B.T.D.	
١	Date Spudded 1-7-77			3-17-77		377	7'		3750'	
١	Elevations (DF, RKB, RT,	GR.	etc.j	Name of Producing Forma	tion	Top Oil/Gas Pe		T	ubing Depth 3716 [†]	
	KB 67561	-	-	Pictured Cliff	s	T - 27	64 '	——————————————————————————————————————	epth Casing Shoe	
Í	Perforations								3777 '	
	2766'- 2776'	(10	<u>)')</u>	w/1 JPF	ACING AND	CEMENTING	RECORD			
				CASING & TUBIN		DE	PTH SET		SACKS CE	MENT
	HOLE SIZE			8-5/8"	G 512E		201		150	
	12-1/4" 7-7/8"			5-1/2"		377	77'		250	
	7-7/8"			2-3/8"		371	L6'		-0-	
						<u> </u>				
v	TEST DATA AND RE	QUE	ST F	OR ALLOWABLE (T	est must be a	ifter recovery of tepth or be for full	otal volume of le	oad oil and	must be equal to or	exceed top ditor
٧.	OIL WELL			Date of Test	ble for this de	Producing Met	hod (Flow, pump	, gasflift, e	itc.)	1
	Date First New Oil Run T	o Tan	k#	Date of Teac				<i>f</i>	2001	
				Tubing Pressure		Casing Pressu	10	3 - 1	choke Size	
	Length of Test								las - MCF	
	Actual Prod. During Test			Oil-Bbls.		Water - Bbls.		1,30		Ĺ
										sure.
	* 7	Cest	ed '	w/orifice well to	ester th	ru test se	parator, n	iera ir	OF Dack Pics	
	GAS WELL	- <u>SE</u>	E A	TTACHED TEST DATA	}	Bbls. Condens			Gravity of Condensat	
	Actual Prod. Test-MCF/	D				1			NA	
	Q = 415	- L	1	Tubing Pressure (State	man)	Casing Press	ure (statement)	51	Choke Size	
	Testing Method (pitot, ba		•	14.0#	•	1111		80 #	48/64	
	* See Above No	ore	TTAT				OIL CONS	SERVAT	ION COMMISSION	NC
VI.	CERTIFICATE OF C	UMP	LIA	NCE			4 1 1	t, i	∧ R X⊢ndri	. 19
	ماه مدعد دارود در	, ,,,1 a		d regulations of the Oil C	Conservation	APPROVE	- بين - □	mad har	A. R. Kendri	ck
	Commission have been	com	plied	with and that the inform	mation given and belief.	BYOr	iginal Sig	תבת היי	48	
	above is true and com	plete	to t	he best of my knowledge		11	SUPERVIS	OR DIST	. #3	
						TITLE	OUL MARKET		Managa milah misa	E 1104
				, 10 1					mpliance with RUI ble for a newly dri ad by a tabulation	
	Tomas			1. Kude		If this	is a request form must be f	ccompani	ed by a tabulation	of the deviati
			(Si	(nature)		tests take	n on the well	in accord		ill. t. for elle

(Date) *Northwest Pipeline is the purchaser.

(Title)

District Clerk

4/1/77

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alloable 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 conditions well name or number. Separate Forms C-104 must be filed for each pool in multip completed wells.

ENERGY RESERVES GROUP, INC., BOX 3>80, CASPER, WYOMMY, FILOT
JICARILLA 35 x 3- SENWNE SEC 2-TZYN-RSW-RIO ARRIBA CO., NEW MEXICO

JICARILLA 35 43	CHOKE SIZE	casing Peess	Tubinds Facess.	ORIFICE Ress.	Size Crifice	MCFG/1)	KATE		Remarks
CHMCKA 2-27-77 2-21-77 3-1-77	- 1/2 · 1/2	888		, X	12	/05			ATMOSPHERE From LIGHT MIST - 3695 to 3710
3- 2-77		Qu.			W.A	EST. Soo +			- CLEANED OUT TO 3742
							- /		
PICTURED CLIFES 3-3-77 3-4-77	18/25.	320			N.	700			TO ATMOSPERE - FLO FORM W/TEACE SAND
3-6-77 3-6-77 3-6-77 3-6-77		125		12 72 72 72 72 72 72 72 72 72 72 72 72 72	, , , , , , , , , , , , , , , , , , ,	526 526	ný o		\$
3-10-77 3-11-77 3-13-77 3-13-77		110	//o*	200		\$3			SI FOR BHP SI
3-15-77						partition to		- -	RAVTU BINOG.