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SANTA FE		1	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS	I	
OPERATOR	2	1	
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

-	SANTA FE	KEQUESTF	AND	Effective 1-1-65		
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL (SAS		
}	LAND OFFICE	7,011,011,011,101				
t	TRANSPORTER OIL					
-	OPERATOR Z					
1.	PRORATION OFFICE					
	Operator	TO THE CORDON MITON		İ		
		ROLEUM CORPORATION		87401		
ļ	Address	ENGINEERING & PROD	CORP. P.O. BOX 254	4, FARMINGTON, NM		
	Reason(s) for filing (Check proper box)					
- 1	New Well	Change in Transporter of:				
-	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	sate			
i	Change in Owners					
•	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	rmation Kind of Leas	• Jicarilla Contrac		
	Lease Name	I I		or Fee Indian No. 127		
	Apache	21 So. Blanco Pi	IcturedCIIIIs	Indian NO. 127		
	Location		10501 5-45-	The East		
	Unit Letter J; 1600	Feet From The South Line	and 1850' Feet From	The		
	4	nship 24N Range 4	4W , NMPM, Rio	Arriba County		
	Line of Section 4 Tow	nship Z4N Range Z	7			
	TO ANCION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s			
IJ.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	Kume of Administration					
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas 🔀	Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural	4		rmington, NM 87401		
		Unit Sec. Twp. Ege.	Is gas actually connected?	hen		
	If well produces oil or liquids, give location of tanks.		No	Unknown		
		h that from any other lease or pool,	give commingling order number:			
w	COMPLETION DATA	ii that from any other real provider		Plug Back Same Res'v. Diff. Res'v.		
• • .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	$\mathbf{n} - (\mathbf{X})$	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7-17-77	9-7-77	3052	3000		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 2903		
	6790'KB	Pictured Cliffs	2880'	Depth Casing Shoe		
	Perforations		20161 20261	Bopin Gazary and		
	2880'-2882',2892	2'-2894',2900'-2903'	, 2916 - 2926	_ 1		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8 5/8	137'	150		
	12 1/4 7 7/8	4 1/2	3039'	180		
	1 1/8	+ + 1/2				
		1 1/4"	2903'			
	TO AND DECLEST F	OP ALLOWARIE (Test must be a	fter recovery of total volume of load o	il and must be squal to or exceed top allow		
V	able 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, etgs)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.			
	GAS WELL Flowing Pressure, tbq.50 psig, csq350 psig					
	GAS WELL Flowing Pr	essure, tbg.50 psig,	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D		Bara. Consensato, manor	_		
	3/4"-767,CAOF-873	3 Hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.) Back Press	925	950	3/4"		
				VATION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	ICE				
		A Mary of the Oil Consequation	APPROVED	, 19		
		regulations of the Oil Conservation with and that the information given	Original Sand	e e gandrick		
	above is true and complete to th	he best of my knowledge and belief.	BY 01 18			
		TROLEUM CORP.	TITLE	1.50		
	1.00/1	Malla		the standard with But # 1104.		
	M. 1111/11/11	WM16	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene			
	- mount			well, this form must be accompanied by a tabulation of the deviation of th		
	Ewell N. Walsh, P.	E President	ii tests taken on the Well in ac			
Walsh Engineering & Production Corp. (Tule) 9-27-77			All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner and the complete of conditions.			
	(4	· ,	Separate Forms C-104 m	nust be filed for each pool in multip		
			completed wells.			