

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

API 30-039-22071

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |   |
|------------------------|---|
| NO. OF COPIES RECEIVED | 5 |
| DATE RECEIVED          |   |
| SANTA FE FILE          |   |
| U.S.G.S.               |   |
| LAND OFFICE            |   |
| TRANSPORTER            |   |
| OPERATOR               |   |
| REGISTRATION OFFICE    |   |

Operator

El Paso Exploration Company

Address

Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

Oper change from  
Northwest Production Corp.

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                             |                |                                                |                                                  |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------|--------------------------------------------------|---------------------|
| Lease Name<br>Jicarilla 123 C                                                                                                                                                                                               | Well No.<br>27 | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal <del>other</del> | Lease Cont.<br>#123 |
| Location<br>Unit Letter <u>F</u> : <u>1540</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>West</u><br>Line of Section <u>6</u> Township <u>25-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> County |                |                                                |                                                  |                     |

## 2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                |                                                                                                            |           |              |             |                                                     |      |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|--------------|-------------|-----------------------------------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Inland Corporation         | Address (Give address to which approved copy of this form is to be sent)<br>Box 1528, Farmington, NM 87401 |           |              |             |                                                     |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Northwest Pipeline | Address (Give address to which approved copy of this form is to be sent)<br>Box 90, Farmington, NM 87401   |           |              |             |                                                     |      |
| If well produces oil or liquids,<br>give location of tanks.                                                                                    | Unit<br>F                                                                                                  | Sec.<br>6 | Twp.<br>25-N | Rge.<br>4-W | Is gas actually connected? <input type="checkbox"/> | When |

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

## 3. COMPLETION DATA

|                                                                             |                                       |                                              |                                              |                                   |                                 |                                    |                                      |                                       |
|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X)                                          | Oil well <input type="checkbox"/>     | Gas well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded<br>6-22-79                                                     | Date Compl. Ready to Prod.<br>9-24-79 |                                              | Total Depth<br>7712'                         |                                   | P.B.T.D.<br>7695'               |                                    |                                      |                                       |
| Elevations (D.F., R.A.B., K.T., CR., etc.)<br>6787' G.L.                    | Name of Producing Formation<br>Dakota |                                              | Top <del>Gas</del> /Gas Pay<br>7422'         |                                   | Tubing Depth<br>7597'           |                                    |                                      |                                       |
| Perforations<br>7422, 7428, 7435, 7443, 7542, 7548, 7554, 7573, 7587, 7596' |                                       |                                              |                                              |                                   | Depth Casing Shoe<br>7712       |                                    |                                      |                                       |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE      | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|----------------|----------------------|-----------|--------------|
| 13 3/4"        | 9 5/8"               | 2223'     | 295 cf.      |
| 7 7/8 & 8 3/4" | 4 1/2"               | 7712'     | 1481 cf.     |
|                | 2 3/8"               | 7597'     | tubing       |

## 4. 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<br>3597                 | Length of Test<br>3 hours         | Bbls. Condensate/MCF              | Gravity of Condensate      |
| Testing Method (prot. back pr.)<br>Calc. A.O.F. | Tubing Pressure (shut-in)<br>1844 | Casing Pressure (shut-in)<br>1844 | Choke Size<br>3/4 variable |

## 5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Drilling Clerk

September 28, 1979

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signat

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 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.