

| | | | |
|------------------|-----|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION 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

Operator Ken Blackford

Address P. O. Box 108, Lubbock, Texas 79408

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 Gas | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------|----------|--------------------------------|------------------------------|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Jicarilla 13 | 3 | Ballard Kpc | State, Federal or Fee Indian | 13 |

Location

Well Letter "A" : 800 Feet From The North Line and 800 Feet From The East

Line of Section 26 Township 24 N Range 5 W , NMFM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of 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) |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>El Paso Natural Gas Co.</u> | <u>P.O.Box 990, Farmington, NM 87401</u> |

| | | | | | | |
|--|------|------|------|------|----------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. | Is gas actually connected? | When |
| | | | | | no | |

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

COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resrv. | Diff. Resrv. |
|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|--------------|
| | | X | X | | | | | |

| | | | |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 11-14-81 | 11-30-81 | 2623 | 2577 |

| | | | |
|-----------------------------------|-----------------------------|-----------------|--------------|
| Locations (DF, RAH, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 6664 GL | Kpc | 2329 | 2362 |

| | |
|---|-------------------|
| Perforations | Depth Casing Shoe |
| 2346-2360, 2392-2398, 2410-2418 - all @ 1 hole per foot | 2577 |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12-1/4" | 8-5/8" - 20 lb. | 120' | 100 SX |
| 6-3/4" | 4-1/2" - 10.5 lb. | 2577 | 140 SX |
| -- | 2-3/8" - 4.7 lb. | 2362 | -- |

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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1,230 | 3 hr. | nil | nil |

| | | | |
|----------------------------------|---------------------------|---------------------------|------------|
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| BP | 535 | 540 | 3/4" |

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.

Thomas B. Grandin, Jr.
Thomas B. Grandin, Jr.
(Signature)

Agent
12-7-81
(Date)

OIL CONSERVATION COMMISSION
DEC 11 1981

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR LICENSE

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.

