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	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 24 1985
OIL CON. DIV.
DIST. 3

I.

Operator

El Paso Exploration Company

Address

PO Box 4289, Farmington, NM 87499

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)

Pool Name Change
Re: Order R-7764

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Jicarilla 123 C	29	West Lindrith Gallup Da	State (Federal) or Fee	Jic.Cont.#123

Location

Unit Letter ___C___ ; ___1075___ Feet From The ___North___ Line and ___1685___ Feet From The ___West___

Line of Section ___5___ Township ___25N___ Range ___4W___ , NMPM. ___Rio Arriba___ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	P. O. Box 256, Farmington, New Mexico 87401

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	Box 90, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	25N	4W		

If this production is commingled with that from any other lease or pool, give commingling order number: _____
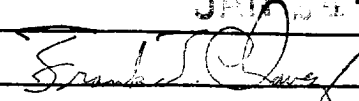
NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

_____
(Signature)

Drilling Clerk
(Title)

January 25, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ , 19 ____

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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth
		P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
		Tubing Depth
Perforations		
		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size