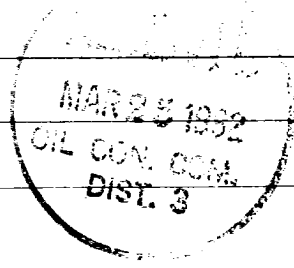


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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator James L. Ludwick	
Address P.O. Box 70 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	



If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 6-J	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease Jicarilla State, Federal or Fee-Indian	Lease No. 12
Location Section 28 Township 24-N Range 5-W, NMEN, Rio Arriba County				
Well Letter C 800 Feet From The South Line and 1520 Feet From The East				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
XXXXXXXXXXXXXXXXXXXX	
Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
			X	X					
Date Spudded 12-12-1981	Date Compl. Ready to Prod. 3-22-1982	Total Depth 2295		F.B.T.D. 2285					
Elevations (DF, RKB, RT, GR, etc.) 6592 Gr.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2181		Tubing Depth 2255					
Perforations				Depth Casing Shoe 2295					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
8-3/4	7	102		65 sx Circ					
6-1/4	2-7/8	2295		200 sx Circ					
	1 1/4	2255							

V. 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 250 MCF	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 180, 7 da	Casing Pressure (shut-in)	Choke Size 3/4

VI. 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.

(Signature)
Agent
3-23-1982
(Date)

OIL CONSERVATION COMMISSION
APPROVED 19
Original Signed by FRANK L. [Signature]
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 multiply completed wells.