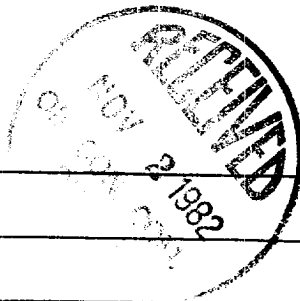


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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATOR OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator  
El Paso Exploration Company

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
30-139-22966

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 126 S Well No. 17 Pool Name, Including Formation S. Blanco Pictured Cliffs Kind of Lease State (Federal) or Fee Jic. Cont. Lease No. 126

Location  
Unit Letter K 1520 Feet From The South Line and 1850 Feet From The West  
Line of Section 1 Township 24N Range 4W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
El Paso Natural Gas Company 2814389 Address (Give address to which approved copy of this form is to be sent)  
PO Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Company 2814390 Address (Give address to which approved copy of this form is to be sent)  
PO Box 4289, Farmington, NM 87499

If well produces oil or liquids, give location of tanks. Unit K Sec. 1 Twp. 24N Rge. 4W 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 X New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.

Date Spudded 6-24-82 Date Compl. Ready to Prod. 10-21-82 Total Depth 5750' P.B.T.D. 5732'

Elevations (DF, RKB, RT, GR, etc.) 6933' GL Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 3148' Tubing Depth 3220'

Perforations 3148-58', 3163-70', 3185-96', 3200-09', 3209-18', 3222-28' w/10 spz Depth Casing Shoe 5750'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	221'	281 cu.ft.
8 3/4"	7"	3481' 3418	242 cu.ft.
6 1/4"	4 1/2"	3258-5750'	427 cu.ft.
	1 1/4"	3220'	

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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate

526 3 hrs. 0 0

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

Calc. AOF SI 874 SI 873 3/4"

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

*A. G. Biscoe*  
(Signature)

Drilling Clerk  
(Title)

November 1, 1982  
(Date)

OIL CONSERVATION DIVISION

11-10-82  
APPROVED NOV 10 1982

BY *Supervisor District # 2*  
SUPERVISOR DISTRICT # 2

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.