

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
El Paso Exploration Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' South, 790' East
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*

SUBSEQUENT REPORT OF:

(other) Change Name of Operator from Northwest Production

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Effective August 29, 1979, Northwest Production Corporation was changed to El Paso Exploration Company.

5. LEASE Jicarilla Cont. #120	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Jicarilla 120C	
9. WELL NO. 14	
10. FIELD OR WILDCAT NAME S. Blanco P.C.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec: 30; T-26-N, R-4-W NMPM	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6072' GL	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
NOV 21 1979
GEOLOGICAL SURVEY
COLORADO

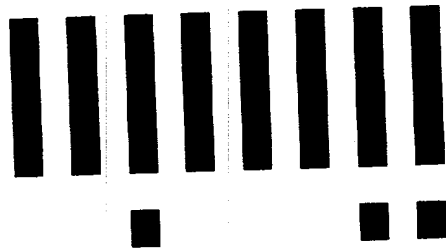
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED A. G. Guisco TITLE Drilling Clerk DATE October 9, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



LTR



Job separation sheet

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

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
REGISTRATION	
SANTA FE	
FILE	
MAIL	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
 El Paso Exploration Company

Address
 Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change Name of Operator from Northwest Production Corporation.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

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

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 120C	Well No. 14	Pool Name, Including Formation S. Blanco P.C.	Kind of Lease State, Federal or Fee	Lease No. 120
Location				
Unit Letter P	: 790	Feet From The South	Line and 790	Feet From The East
Line of Section 30	Township 26-North	Range 4-West	N.M.P.M.	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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Northwest Pipeline	Box 90, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 30	Twp. 26-N	Rge. 4-W
	Is gas actually connected?		When	

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, R&B, 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

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)

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

D. G. Busco
 (Signature)

Drilling Clerk

October 9, 1979

(Date)

OIL CONSERVATION DIVISION

NOV 20 1979

APPROVED _____, 19

Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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