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FILE

1

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

1

GAS

1

OPERATOR

1

PRORATION OFFICE

Operator

Northwest Production Corporation

Address

Box 1796, El Paso, Texas 79949

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

XX

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Jicarilla 115 E

Well No.

14

Pool Name, Including Formation

Blanco Mesaverde

Kind of Lease

State, Federal or Fee

Federal

Lease No.

115

Location

Unit Letter

A

Feet From The

North

Line and

1150

Feet From The

East

Line of Section

10

Township

26N

Range

3W

NMPM, Rio Arriba

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

XX

Address (Give address to which approved copy of this form is to be sent)

Box 1528, Farmington, N. M.

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

ELNB

If well produces oil or liquids, give location of tanks.

Unit

A

Sec.

10

Twp.

26N

Rge.

3W

Is gas actually connected?

When

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 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

Testing Method (pitot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

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.

Charles E. Werner

(Signature)

C. E. Werner, Manager

Production Operations

AUG 11 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 14 1967

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

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.