

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator

Brooks Hall Oil Corporation

Address

1704 City National Bank Tower, Oklahoma City, Oklahoma 73102

Reason(s) for filing (Check proper box)

New We!!

## Recompletion

Change in Ownership

Change in Transporter of:

Oil

Day Gas

### Casinghead Gas

Condensate

Other (Please explain)

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	Lease No.
Jicarilla 119	1	Tapacito Pictured Cliffs	State, Federal or Fee Federal	
Location				
Unit Letter <u>0</u> ; <u>790</u> Feet From The <u>south</u> Line and <u>1850</u> Feet From The <u>east</u>				
Line of Section <u>5</u> Township <u>26N</u> Range <u>4W</u> , NMFM, <u>Rio Arriba</u> County				

### III. 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 type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Northwest Pipeline Corp.				501 Airport Dr., Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	Eff 1-1-74

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

#### IV. COMPLETION DATA

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 ( <i>Flow, pump, gas lift, etc.</i> )	
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.

Mary J. Myers  
(Signature)

Production Clerk

Signature \_\_\_\_\_

(Title)

January 15, 1974

(Date)

## OIL CONSERVATION COMMISSION

APPROVED FEB 7 1971 19 71

Original Signed by Emery C. Arnold

TITLE \_\_\_\_\_ SUPERVISOR 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 allowance 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.

