

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-10	
ANTAFE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C	
FILE		AND		Effective 1-1-65	
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator Cities Service Oil & Gas Corporation					
Address P. O. Box 1919, Midland, Texas 79702					
Reason(s) for filing (Check proper box)					
New Well <input type="checkbox"/>		Change in Transporter of:		Other (Please explain)	
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Ownership-name change	
Change in Ownership <input checked="" type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Effective January 1, 1986	
		Dry Gas <input type="checkbox"/>			
		Condensate <input type="checkbox"/>			
Change of ownership give name and address of previous owner OXY Petroleum, Inc.					
DESCRIPTION OF WELL AND LEASE					
Lease Name Jicarilla West		Well No. 3		Pool Name, including Formation Blanco PC South Gas	
				Kind of Lease State, Federal or Fee Federal	
				Lease No.	
Location					
Unit Letter J : 1750 Feet From The South Line and 1750 Feet From The East					
Line of Section 6 Township 26N Range 5W . NMFM, 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 Corp.				P. O. Box 8900, Salt Lake City, Utah 84108	
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge.		Is gas actually connected? When	
				Yes	
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'					
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	
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	
AS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF Gravity of Condensate	
Casing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in) Choke	
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.					
Elmer Stutz (Signature)					
Region Operations Manager (Title)					
January 31, 1986 (Date)					
OIL CONSERVATION COMMISSION					
APPROVED FEB 03 1986					
BY SUPERVISOR DISTRICT #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 well in multiple.					