DISTRIBUTION ANTA FE	NEW MEXICO OIL
ILE	REQUEST
.S.G.S.	AUTHORIZATION TO TR
AND OFFICE	AUTHORIZATION TO TR
TRANSPORTER GAS	
PROPATION OFFICE	-
Operator Operator	
Address NORTHWEST PRODU	ICTION CORPORATION
Reason(s) for filing (Check proper be	io, Texas 79949
: ew Well	Change in Transporter of:
Recompletion	OII Dry G
Change in Ownership	Conde
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F
Jicarilla 152	
Location	
Unit Letter B;	Feet From TheLir
Line of Section 05 To	ownship 26 N Range
III. DESIGNATION OF TRANSPOR	
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas 🗶
NORTHWEST PIPELINE  If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	B 05 26 N 05 W ith that from any other lease or pool,
IV. COMPLETION DATA	Cil Well Gas Well
Designate Type of Completi	on $= (X)$ Gas well
Date Spudded	Date Compi. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	-
	TUBING, CASING, AND
HOLE SIZE	CASING & TUBING SIZE
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be afable for this dep
Date First New Cil Run To Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil-Bbls.
<u> </u>	
GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
VI. CERTIFICATE OF COMPLIANO	CE
	11

## CONSERVATION COMMISSION

Form C-104

	ILE		I FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65
	.s.g.s.	ALITHOPIZATION TO T	AND	
	-AND OFFICE	AOTHORIZATION TO TI	RANSPORT OIL AND NAT	URAL GAS
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
ı.	PRORATION OFFICE			
	Operator			
	NORTHWEST PRODU	ICTION CORPORATION		
	Address			
	Reason(s) for filing (Check proper be			
	: ew Well		Other (Please exp.	lain)
	Recompletion	Change in Transporter of:  Oil Dry (		
	Change in Ownership			1843
		Cono	ensate	1 1 1 1 C C
	If change of ownership give name			
	and address of previous owner			
I.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including	1.000	i of Lease Lease Nc.
	Jicarilla 152	W 02 Blanco Mes	State	e, Federal cr Fee Federal 152
	Lecation		ICOVER TO THE TOTAL PROPERTY OF THE TOTAL PR	rederal 152
	Unit LetterB;	Feet From TheL	ine andFe	est From The
- 1	Line of Section 05 To	ownship 26 N Range	05 W , NMPM,	Rio Arriba County
I.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G		
ł	Name of Authorized Transporter of C	or Condensate	Address (Give address to whi	ich approved copy of this form is to be sent)
İ	Name of Authorized Transporter of C	Total Can The Day Can The		
	Name of Althorized Transporter of C.	asinghead Gas or Dry Gas 🛣	Address (Give address to whi	ich approved copy of this form is to be sent)
}		CORPORATION Unit   Sec.   Twp.   Rge.	501 Airport Driv	e, Farmington, New Mexico
	If well produces oil or liquids, give location of tanks.		is gas actually connected?	When
L		B 05 26 N 05 W		
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	, give commingling order num	ber:
٦		Cil Well Gas Well	New Weil Workover De	epen Plug Back Same Res'v. Diff. Res'v
	Designate Type of Completi	$\operatorname{fon} - (X)$		1
ı	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Γ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
		1	j	
	Perforations		-	Depth Casing Shoe
-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Ļ		TUBING, CASING, AN	D CEMENTING RECORD	
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAMENENT
ŀ				KLLLIVIO
}				112021120
-			<del>-</del>	101 2 2 1021
L			<u> </u>	OF 10 13/4
	FEST DATA AND REQUEST F DIL WELL	OR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of , epth or be for full 24 hours)	load oil a BHus CON to COM exceed top allow
-	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump	
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
1				
_	GAS WELL			
1	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L			<b></b>	
. <b>C</b>	CERTIFICATE OF COMPLIAN	CE	OIL CONS	ERVATION COMMISSION
				FEB 7 1974, 19
		regulations of the Oil Conservation	APPROVED	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original S	igned by Emery C. Arnold
	-		11	SUPERVISOR DIST. #3
	2		TITLES	OLIVATION STREET
	17/1 /1 1	'P	This form is to be fil	led in compliance with RULE 1104.
_	Ble Hostle auxa		If this is a request fo	or allowable for a newly drilled or deepened
_	(Signo	itwe)	well, this form must be ac	companied by a tabulation of the deviation accordance with RULE 111.
_	OPERATIONS		11	n accordance with RULE 111. orm must be filled out completely for allow-
	(Tit	*	able on new and recomple	
_	14 N 2	1974	Fill out only Section	as I. II. III, and VI for changes of owner.
	(Da	(e)	well name or number, or tre	ansporter, or other such change of condition.
		· · · · · · · · · · · · · · · · · · ·	Enneste Erema C.10	diamental back fitting for anyther every facilities with

	NO. OF COPIES REC	EIVED	7			
	DISTRIBUTIO	ON.				
	SANTA FE		7			
i	FILE			-		
	U.S.G.S.					ΑU
	LAND OFFICE				:	
	TRANSPORTER	OIL GAS			!	
	OPERATOR					
l.	PRORATION OFFICE					
••	Operator NORTHWEST PR	ODUCT	ION	СО	RPO	RAT
	Address					
	Box 1796, Reason(s) for filing	E1 P	aso roper	box)	exa	s
	New Well					Chan
	Recompletion					011
	Change in Ownership	<u></u>				Casi
If change of ownership give name and address of previous owner						SE_
	Lease Name					Well
	Jicarilla Location	152	W			0
	Unit Letter	В	;			Feet
	Line of Section	05		Tow	nship	· 
I.	DESIGNATION O	F TRA	NSP	ORT Cil	ER	OF (
	Name of Authorized	Transpor	ter o	Cas	inghe	ad Go
	NORTHWE	ST PI	PEL	INE	_CO	RPO:
	If well produces oil give location of tank		s,		Unit	В
	If this production is		1	wit	h tha	
٧.	COMPLETION D		uRiec			it iro
		ATA_				
	COMPLETION D	ATA_			n –	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65		
FILE	<u>-</u>	AND			
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	. GAS		
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE	<del> </del>				
Operator					
NORTHWEST PRODUCTION Address	CORPORATION				
Box 1796, E1 Paso	Texas 79949				
Reason(s) for filing (Check proper	box)	Other (Please explain)			
New Well	Change in Transporter of: Oil Dry Go	as 👩	·		
Recompletion Change in Ownership	Casinghead Gas Conder		N/C		
If change of ownership give nam		(17700)			
and address of previous owner _					
II. DESCRIPTION OF WELL AN	Well No.; Pool Name, Including F	ormation   Kind of Le	ase Lease No.		
	02 So. Blanco Pio	State End	eral cr Fee Federal 152		
Jicarilla 152 W	UZ SU. BIANCO FI	CLUIE CITIES			
Unit Letter B;	Feet From TheLir	ne and Feet Fro	m The		
Line of Section 05	Township 26 N Range	05 W , NMPM,	Rio Arriba County		
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	As Aid:ess (Give address to which app	proved copy of this form is to be sent)		
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)		
NORTHWEST PIPEL	NE CORPORATION Unit   Sec.   Twp.   Rge.	Is gas actually connected?	Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	B 05 26 1 05 W				
If this production is commingled	with that from any other lease or pool,				
V. COMPLETION DATA			Plug Back Same Resty. Diff. Resty.		
Designate Type of Comple	etion - (X)	New Well Workover Deepen	Plug Bdok Some Ness. Ditt. Ness.		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	pate compilities of the second				
Elevations (DF, RKB, RT, GR, etc	Name of Pro-lucing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TURING CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
HOLE 3:2E	CASING & TOSING CITE				
		<u></u>	i		
V. TEST DATA AND REQUEST			oil and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Tes:	epth or be for full 24 hours)    Producing Method (Flow, pump, gas	: lift, etc.)		
Date First New Oil Run 10 1 daks	Date of Tea.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COLL		
Length of Test	Tubing Pressure	Casing Pressure	OH- FHILE		
			VLOTIATD/		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
			JAN 29 1974		
			OIL CON. COM.		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	GDISTQf Gonden ate		
Actual Prod. 1 est-MCF/D	Length of Table				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	ANIOD	OIL CONSERV	VATION COMMISSION		
I. CERTIFICATE OF COMPLI	ANCE	**			
• Caragan analon state of a color of	nd regulations of the Oil Conservation	APPROVED	PEB / 14/A, 19		
Commission have been complis	d with and that the information given	Omininal Signer	d by Emery C. Arnoi		
above is true and complete to the best of my knowledge and belief.		Original Signed by Emery C. Arnold SUPERVISOR DIST. #3			
$\sqrt{N}$	1	TITLE			
RUC.	Mordhause	This form is to be filed !	In compliance with RULE 1104.		
	lienature!	" wall this form must be accor	lowable for a newly drilled or deepened panied by a tabulation of the deviation		
		tests taken on the well in ac	cordance with RULE 111.		
OPERA	CIONS_MANAGER	All sections of this form able on new and recompleted	must be filled out completely for allow- wells.		
₹ <u>.</u>		Fill out only Sections I	II III. and VI for changes of owner,		
	(Luie)	well name or number, or transf	porter, or other such change of condition		
		Separate Forms C-104 m	nust be filed for each pool in multiply		
		The second second			