

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-10
Supersedes Old C-104 and C
Effective 1-1-85

| | |
|------------------|-----|
| DISTRIBUTION | |
| ANTAFE | |
| FILE | |
| S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

Cities Service Oil & Gas Corporation

P. O. Box 1919, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas Other (Please explain) Ownership-name change Effective January 1, 1986

Recompletion Oil Condensate

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner: OXY Petroleum, Inc.

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------|
| Lease Name Jicarilla West | Well No. 6 | Pool Name, including Formation Blanco PC South Gas | Kind of Lease State, Federal or Fee Federal | Lease No. |
| Location Unit Letter <u>D</u> ; <u>950</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>6</u> Township <u>26N</u> Range <u>5W</u> . NMFM, Rio Arriba County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 | |

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' |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, CR, 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 |

RECEIVED
FEB 05 1986

AS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Grav. Condensate |
| Sealing Method (pistol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

OIL CON. DIV.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Elmer Startz
(Signature)

Region Operations Manager

January 31, 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 05 1986
BY Frank J. [Signature]
SUPERVISOR DISTRICT #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 deviate 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.