

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

COPIES			
		/	
		/	/
PRICE			
ENTER	OIL	/	
	GAS	/	
FOR		/	
ATION OFFICE			

P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Change in Name of Transporter </div>		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>			Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>			Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

Lease Name Jicarilla "A"	Well No. 11	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Contract #103
Location Unit Letter J ; 1550 Feet From The South Line and 1650 Feet From The East Line of Section 14 Township 26 North Range 4 West , NMPM, Rio Arriba County				

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"/> Gas Company of New Mexico					Address (Give address to which approved copy of this form is to be sent) 1st International Bldg. Dallas, Texas Attn: Mr. E. J. McGrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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'tv.	Diff. Res'tv.
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 CEMENT RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SAC. NO.		

Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Check
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

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Actual Prod. Test-MCF/D	Length of Test	Elis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

September 10, 1976

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1976

Original Signed by A. R. Kendrick

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 substantial change of condition.