

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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REGISTRATION OFFICE	

El Paso Exploration Company

Address
Box 289, Farmington, New Mexico 87401

Person(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change Name of Operator from Northwest Production Corporation.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	
Casinghead Gas ☐	
Dry Gas ☐	
Condensate ☐	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 117E	Well No. 2A	Pool Name, Including Formation Blanco - Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. Jic. Apache Cent. 117
Location Unit Letter <u>I</u> : <u>1500</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>26-N</u> Range <u>3-W</u> , NMPM, <u>Rio Arriba</u> County				

II. 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.) <u>Box 1528 Farmington, N.M. 87401</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent.) <u>Box 90, Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? ☐

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resist.	Diff. Resist.
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					

IV. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

CERTIFICATE OF COMPLIANCE

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

D. G. Buices
(Signature)
Drilling Clerk
(Title)
9-25-79
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
Original Signed by A. R. Rundrick
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1164.
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 a 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 Form C-104 must be filed for each pool in multiply completed wells.