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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

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

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

I. Operator
Northwest Production Corp.
Address
P. O. Box 990, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 117 E	Well No. 9	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. Jic. Apache Contract #117
Location Unit Letter <u>K</u> <u>1700</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>26-N</u> Range <u>3-W</u> , NMFM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 26-N	Rge. 3-W
Is well actually connected?		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 06-05-76	Date Compl. Ready to Prod. 11-30-76		Total Depth 6514'		P.B.T.D. 6498'			
Elevations (DF, RKB, RT, GR, etc.) 7386' GL	Name of Producing Formation Mesa Verde		Top ** Gas Day 5649		Tubing Depth 6272'			
Perforations 5649, 5653, 5665, 5672, 5695, 5726, 5748, 5978, 6004, 6128, 6139, 6151, 6165, 6175, 6189, 6196, 6233, 6243, 6259, 6286, 6294, 6335					Depth Casing Shoe 6514'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		220'		177 cu. ft.			
7 7/8"	4 1/2"		6514'		1588 cu. ft.			
	2 3/8"		6272'		Tubing			

V. 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

GAS WELL

Actual Prod. Test-MCF/D 1274	Length of Test 3 hours	Bbls. Condensate *** 3 hrs. 2	Gravity of Condensate 53° API
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 1232	Casing Pressure (shut-in) 1257	Choke Size 3/4" variable

VI. 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.

D. G. Buices
(Signature)
Drilling Clerk
(Title)
December 10, 1976
(Date)

OIL CONSERVATION COMMISSION

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

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.
Form O-104 must be filed for each well in multiple