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SANTA FE		1	
FILE		$\overline{i}$	-
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	$\Gamma_{I}$	
OPERATOR		2	
PRORATION OFFICE			
Operator			-

Petroleum Engineer

August 22, 1967

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

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SANTA FE	REQUEST	REQUEST FOR ALLOWABLE  Supersedes Old C-104  Effective 1-1-65		
FILE		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS	
OIL /				
TRANSPORTER GAS /				
OPERATOR 2				
PRORATION OFFICE				
Operator				
El Paso Natural Gas	Company		· · · · · · · · · · · · · · · · · · ·	
Address	<b>25. 26. 1</b>			
Box 990 Farmington Reason(s) for filing (Check proper		Other (Please explain)		
New Well	Change in Transporter of:	Offici (Fredse explain)		
Recompletion	Oil Dry Go	ıs [		
Change in Ownership	Casinghead Gas Conde			
	<del></del>			
If change of ownership give nam and address of previous owner _	le			
			, , , , , , , , , , , , , , , , , , , ,	
II. DESCRIPTION OF WELL AN	ND LEASE   Well No. Pool Name, Including F	formation   Kind of L	ease Lease No.	
		Jicarilla		
Jicarilla 92	3 Tapacito Pict	atea office	derdl or Fee Indian Cont #92	
	90 Feet From The South	ne and 890 Feet Fr	The West	
Unit Letter;;	reet from Ine	ne andFeet Fr	om The	
Line of Section 30	Township 27N Range	3W , NMPM, Rio	Arriba County	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA			
Name of Authorized Transporter of			oproved copy of this form is to be sent)	
El Paso Natural Cas	Company	Box 990, Farmington	proved copy of this form is to be sent)	
Name of Authorized Transporter of		,		
El Paso Natural Gas	Unit Sec. Twp. Rge.	Box 990, Farmington Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	M 30 27N K3W			
<u> </u>		give commingling order numbers		
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool,	give comminging order number.		
	Oil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Resty. Diff. Resty.	
Designate Type of Compl	etion – (X)	X .	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
5-27-67	8 <b>-</b> 9 <b>-6</b> 7	4155	7 <sup>1</sup> 7 <sup>1</sup> 1 s	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation Pictured Cliffs	Top XX/Gas Pay	Tubing Depth  Tubingless Completion	
7214 GL	LICOTTER CTILIS	4022	Depth Casing Shoe	
4022-28, 4039-63, 40	94-4102			
1022 20 1037 037 10		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT		
12 1/4"	8 5/8"	125'	105 Sks.	
61/4"	2 7/8"	4155'	150 Sks.	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, ga	s lift, etc.)	
Date First New Oil Hun To Tanks	Date of Teat	Producting Method (1 100) panspy go		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF ACCOUNTY	
			1011	
GAS WELL		T	Marie Charles of	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
2204	3 Hours	0 1 5 401 4 2 1	Ohaha Cira	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size  3/4"	
Calculated A.O.F.		1125		
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSER	VATJO1960 MMISSION	
		APPROVED		
I hereby certify that the rules a	nd regulations of the Oil Conservation ed with and that the information given	1	•	
above is true and complete to	the best of my knowledge and belief.	By Original Signed b	by Emery C. Arnold	
		SUPE	RVISOR DIST. TO	
Orio	Original signed by Carl E. Matthews			
Ca			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 accor	mpanied by a tabulation of the deviation	
Potenleum Facineen	Signature)	tests taken on the well in ac	cordance 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 pool in multiply completed wells.