

DISTRIBUTION
 DATE
 TIME
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 REGISTRATION OFFICE
 Operator

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

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

Northwest Pipeline Corporation
 Address
 501 Airport Drive, 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 El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE
 Lease Name Jicarilla 92 Well No. 5 Pool Name, including Formation Tapacito Pictured Cliffs Kind of Lease State, Federal or Fee Jic Cont Lease No. 92
 Location
 Unit Letter 0 : 1090 Feet From The South Line and 1650 Feet From The East
 Line of Section 31 Township 27N Range 3W, NMPLA, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☐ or Condensate ☒ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
 If well produces oil or liquids, give location of tanks. Unit 0 Sec. 31 Twp. 27N Rge. 3W 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 Ready Diff. Ready
 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

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL
 Date First New Oil Run To Tanks Date of Test Producing Method (If 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

I. 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.
 ORIGINAL SIGNED BY R. L. MANLEY
 (Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED FEB 2 1974, 19
 BY Original Signed by A. B. Kendrick
 TITLE REGIONAL ENGINEER DIST. NO.
 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 conditions.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.