HO. OF COPIES RECEIVED			3				
DISTRIBUTI	ЭН			NEW MEXICO OIL CONSERVATION	COMMISSION	Form C/104	
SANTA FE		1		REQUEST FOR ALLOWABLE Supersedes Of			
FILE		/		AND	occ.	Effective 1-1-65	
U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL	AND NATURAL GAS		
LAND OFFICE				TO THE TENTON OF THE TENTON OF THE	AND HATOKAL OAD		
TRANSPORTER	OIL	,					
	GAS	1					
OPERATOR		1					
PROBATION OF	FICE						
Operator							
Northwest	Pipe1	ine	Corr	ration			
Address	- ipu						
P O Roy (on		Form	gton, New Mexico 87401			1
Reason(s) for filing				9	(Please explain)		
New Well	$\overline{\mathbf{X}}$,	Change in Transporter of:	,		
Recompletion	Ħ			OII Dry Gas			
	H			Casinghead Gas Condensate			
Change to Ownersh				Condensate Condensate			
Change in Ownershi							
		e nar	ne				
Change in Ownershif change of ownershind address of pre-	ship give						
f change of owner and address of pre-	ship giv	ner_					
f change of owner and address of pre	ship giv	ner_		SE	Vind of Longe		
if change of owners and address of pre- DESCRITTION C	ship give vious ow	ner_		SE Well No. Pool Name, Including Formation	Kind of Lease	Tudias	Legse No. Contract
f change of owners and address of pre- DESCRITION C Lease Name Jicarilla	ship give vious ow	ner_		SE	Kind of Lease YXXXX Federal XXXXX	Indian	Legse No. Contract No.92
f change of owners and address of pre- DESCRITION C Lease Name Jicarilla	ship give vious ow	ner_	ND LE	Well No. Pool Name, Including Formation 8 Blanco Mesa Verde	XXXX Federal XXXXX		Lease No. Contract No.92
change of owners nd address of pre- DESCRITION C Lease Name Jicarilla Location	ship give vious ow F WEL	ner_	ND LE	SE Well No. Pool Name, Including Formation	XXXX Federal XXXXX		Lecse No. Confract No.92
f change of owners and address of pre- DESCRITTION C	ship give vious ow F WEL	ner_	ND LE	Well No. Pool Name, Including Formation 8 Blanco Mesa Verde	XXXX Federal XXXXX		Legse No. Contract No.92

or Condensate 🗶

or Dry Gas

If well produces oil or liquids, No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion -(X)X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9-29-75 11-10-75 6268 COTD 62001 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Tubing Depth Top Oll/Gas Pay 7155' GR Mesa Verde 60641 6081**'** Depth Casing Shoe Perforations 6064 to 6098' with 1 shot per foot 62491 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 13 3/4" 9 5/8" 236' GR 180 8 3/4" 7" 4221' KB 160 6 1/4" 4 1/2" Liner Top 3995'-6249' KB 3/8" 6081'

Is gas actually connected?

(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 of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Hun To Tanks **11-**17-75 Flow Flow Casing Pressure Length of Test Tubing Pressure Water - Bble. Oil-Bhis. Actual Prod. During Test JVI. GAS WELL eragie Bbla. Condensate/MMCF Actual Frod. Test-MCF/D Length of Test CV 2692 AOF 3743 3 hrs. Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) 989 PSIG 989 PSIG 48/64 variable One Point Back Press

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.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Unit

Northwest Pipeline Corporation

Northwest Pipeline Corporation

Name of Authorized Transporter of Casinghead Gas X

V. TEST DATA AND REQUEST FOR ALLOWABLE

Name of Authorized Transporter of Oil

DEV Maronelli
D. H. Maroncelle
Production Engineer
(Title)
11-24-75
(Date)

OIL CONSERVATION COMMISSION

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

When

3539 East 30th Farmington, New Mexico 87401

3539 East 30th Farmington, New Mexico 87401

APPROVED DEC 1 1975 By 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 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