o or tories mattives DISTACHUTACH NEW MEXICO OIL. CONSERVATION COMBISSION Superredex Old C-104 and C-110 Effective 1-1-05 SANTA FE REQUEST FOR ALLOWABLE QΙΛλ AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.o.s. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE ١. Operator Northwest Pipeline Corporation Addiess 501 Airport Drive, Farmington, New Mexico 87401 Other (Please explain) Reoson(s) for filing (neck proper box, Change in Transporter of: New Well Dry Gas Recompletion Change in Ownership Condensate X Castnahead Gas If change of ownership give name El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE | Lease Name | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Jic. Cont #92 Jicarilla 92 4 Tapacito Pictured Cliffs Lecation <u> 17</u>50 Feet From The South Line and 1750 Feet From The ___ West Unit Letter K County Township 2711 3N , NMPM, Rio Arriba 31 Range Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Cil 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Castrighed Gas 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation When ls gas actually connected? Jait P.ge. Sec. Twp. If well produces oil or liquids, 27N : 3W ; 31 Κ give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Resty, Diff. Resty. Deepen Plug Back Workover Cil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pumpero lift. etc.) Date of Test Date First New Cil Run To Tanks hoke Size Casing Pressure L(L)Tubing Piessure Length of Test ge - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test COM UST 3 GAS WELL Gravity of Condensate Bbls. Condensate/MM Length of Test Actual Frod. Test-MCF/D

VI. CERTIFICATE OF COMPLIANCE

Testing Muthod (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

	(Signature)	
	(Title)	 · · · · · · · · · · · · · · · · · · ·
	(Date)	

OIL CONSERVATION COMMISSION

Cosing Pressure (Shut-in)

Choke Size

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despected 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 own r, 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.