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TRANSPORTER OIL		
GAS	/	
OPERATOR		Y
PRORATION OFFICE		

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

I.

Operator

Northwest Pipeline Corporation

Address

P.O. Box 90   Farmington, New Mexico   87401

Reason(s) for filing (Check proper box)

New Well XX   Change in Transporter of: Other (Please explain)

Recompletion   Oil ☐   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla 93	5	Gavilan Pictured Cliffs	~~State Federal Fee~~ Indian	Contract No 93

Location

Unit Letter A ; 790 Feet From The North Line and 790 Feet From The East

Line of Section 34   Township 27 N   Range 3W , NMPM,   Rio Arriba   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate XX	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 East 30th Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas XX or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 East 30th Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-23-75	11-19-75	4016'	4009'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7208' GR	Gavilan	3922'	None

Perforations	Depth Casing Shoe
3922' to 3948' w/1 SPF	4016'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	120'	90
6 3/4"	2 7/8"	4016'	120

V. 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 (Flow, pump, gas lift, etc.)	
	11-26-75	Flow	

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
2088 AOF 2199	3 hrs.		

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
One Point Back Press.		949 PSIG	3/4

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. H. Maroncelli (Signature)

D.H. Maroncelli
Production Engineer
(Title)

12-3-75
(Date)

RECEIVED
DEC 5 1975
OIL. CON. COM
DIST 3

OIL CONSERVATION COMMISSION

DEC 5 1975

APPROVED _____ , 19 ____

BY _____ _____rick

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.