	principal species as which the company of the section of the secti			
	PO DISTRIBUTION			
	SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION	
	FILE	REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
	LAND OFFICE	LAND OFFICE		
	TRANSPORTER GAS /			
	OPERATOR			
8.	PROBATION OFFICE			
	Northwest Pipeline Corporation			
	Address			
	501 Airport Drive, Farmington, New Mexico 87401			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of:			
	Change in Ownership Casinghead Gas Condensate			
	16.1			
	and address of previous owner	31 Paso Natural Gas Compa	ny, PO Box 990, Farmingto	n, New Mexico 87401
* 5	DESCRIPTION OF WELL AND LEASE			
ли.	Lease Name	Well No. Pool Name, Including F	formation Kind of Lease	Lease No.
	Jicarilla 92	4 Tapacito P	ictured Cliffs State, Federal	or Fee Jic. Cont #92
	Location			
	Unit Letter K : 1750 Feet From The South Line and 1750 Feet From The West			
	Line of Section 31	waship 27N Range	3W , NMPM, Rio Ar	riba County
	Large to the second of the sec			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate (Address (Give address to which approved copy of this form is to be sent)			
	Northwest Pipelin		1	nington, New Mexico 8740:
	Name of Authorized Transporter of Co	isinghead Cas 🔲 or Dry Gas 🛣	Address (Give address to which approv	ed copy of this form is to be sent)
	Northwest Pipelin			nington, New Mexico 8740
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 31 27N 3W	Is gas actually connected? Whe	n
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA			
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Dill. Resty.
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1	,			
!	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	Periodicina		·	
		TUBING, CASING, AND	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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 of the load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours of the load oil and must be equal to or exceed top allowable.			
i	Date First New Oil Run To Tanks	Date of Test	Producing Method Flaul Prump and life	(24.)
			LITTIAL	$\langle D \rangle$
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water Bhia	Cas INCE
			OIL CON. CON	
	DIST. 3			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	,			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size
				TION OOM NOOF ST
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 7 1974	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED TEB	1/13/4
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Chrondice	
	2010 10 1100 and complete to the best of my showledge and benefit		DETERMINE ENGLATER DIST. NO. 8	
	L March		This form is to be filed in compliance with RULE 1104.	
	OFFICE SUPPRIVISOR		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	
	OLLICT SCH WAISOK		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	(Title)		Wil sections of this told mast be rifted out combistery for strong	

(Title)

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.