THE TORTER OR GAS	!	RI QUEST	FOR ALL			Dan Capital Superior In Co. 114		
DAVE M. THOMAS, JR.						_		
Address				·	·			
P. O. Box 2026 Farmington, New Mexico 87401								
Recson(s) for filing (Check proper box)  tle= Well Change in Transporter of:								
Recompletion								
Change In Ownership	Casinghead Gas	Conder	12.516					
If change of ownership give name and address of previous owner								
DESCRIPTION OF WELL AND I	LEASE						Contract	
Lease Name Amerada Jicarilla	Well No. Pool Name	e, including Fe n Dakota		5o+c	Kind of Lease	Dacuration	No. 167	
Location			NOSOCT.		State, Federal	or FeeApache		
Unil Letter : South Line and 800 Feet From The West								
Line of Section 2 Tow	mahip 23N	Range	3W	, NMPM		Rio Arriba	. County	
					·		<del></del>	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil								
				300 W. Arrington, Suite 300, Farmington, N.M. Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas 🔀 — or Dry Gas 🗔 — El Paso Natural Gas Company			P.O. Box 990, Farmington, N.M. 87401					
If well produces all ar liquids,	Unit Sec. Twp.	1	ls gas act	tually connecte	d? Whe			
give location of tanks.			<u> </u>	No	· · · · · · · · · · · · · · · · · · ·	Unknown		
If this production is commingled wit COMPLETION DATA							•	
Designate Type of Completio	n = (X) Oil Well	Gas Well	New Well	Workever	Deepen I	Plug Bock   Same Ro	es'v, Dill. Res'v,	
Date Spudded	Date Compl. Ready to Pro	od.	Total Dep	oth		P.B.T.D.	<b>1</b>	
4/3/80 Elevations (DF, RKB, RT, CR, etc.,)	5/17/80 Name of Producing Formation		<del></del>	7562 1 Top 011/Gas Pay		7554 Tubing Depth		
7151 KB	Dakota		1	7205'		7263'		
Perforations 7205'-7244'; 7251'-7253'; 7255'-7257'; 7259'-7263'; 7321'-7334' 7511'								
7203 7244 , 7231 723				ING RECOR				
HOLE SIZE	CASING & TUBIN			DEPTH \$5		SACKS CE	MENT	
12-1/4"	8-5/8"		<del> </del>	257 <b>'</b>		275		
7-7/8"	4-1/2"		/	552'		650		
			ļ					
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	ole for this de	·		, pump, gas lifi	, esc.)		
6/5/80	6/6/80		Flo	owing				
Length of Test	Tubing Pressure		Cosing Pr	****W <b>©</b>		Choke Size		
24 hrs.	150 psig		350 Water-Bb	0 psig		Gas-MCES- CALL		
Actual Pred, During Test	120		-0-			100	Salar V	
Millian a 1880								
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	densate/MMCi	F	Gravity of Condensa	( CC)	
					<del></del>	, co	3/	
Teating Method (pirot, back pr.)	Tubing Pressure (Shut-	ln )	Cosing Pr	seeme (Shut	-in)	Choke Str.O.	- Receipted	
CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION				
			JUL 11980					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Original Signed by CHARLES GHOLSON					
above is true and complete to the	best of my knowledge	and belief.	BY					
FOR: DAVE M. THOMAS, JR.			TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3					
ORIGINAL SIGNED BY				This form is to be filed in compliance with RULE 1104.				
EWELL N. WALSH  Stephysol. President			[[	If this is a request for allowable for a nawly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
Ewell N. Walsh, P.E. (Signature) President Walsh Engineering & Production Corp.			teats t	aken on the	well in accon	dance with RULE to it be filled out comp	11.	

(Tille)

(Duse)

6/11/80

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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.