

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	7
DISTRIBUTION	
SANTA FE	
FIELD	
OFFICE	
LAND OFFICE	
TRANSPORTATION	
OPERATION	
PRODUCTION OFFICER	
Operator	

El Paso Exploration Company

Address
Box 289, Farmington, New Mexico 87401

Person(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change Name of Operator from Northwest
Production Corporation.

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 123 C	Well No. 6	Pool Name, Including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Other	Lease No. 123
Location Unit Letter <u>M</u> : <u>791</u> Feet From The <u>S</u> Line and <u>790</u> Feet From The <u>W</u> Line of Section <u>6</u> Township <u>25-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> County				

2. 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)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline	Box 90, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>6</u> Twp. <u>25-N</u> Rge. <u>4-W</u> Is gas actually connected? ☐ when

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug back	Same heavy	Diff. heavy
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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
Testing Method (split, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Buices
(Signature)

DRILLING CLERK

November 13, 1979

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1979, 19

BY Original Signed: CHARLES JOHNSON

TITLE DEPUTY OIL & GAS CONSERVATION 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 O-104 must be filed for each pool in multiple.