

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name Jicarilla D		Well No. 9	Pool Name, including Formation South Blanco PC	Kind of Lease State (Federal) or Fee	Lease No. Jic. Apache Tribal
Location Unit Letter A ; 914 Feet From The N Line and 825 Feet From The E				Cont. #41	
Line of Section 32		Township 25N	Range 4W	, NMPM, Rio Arriba County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P. O. Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32	Twp. 25N Rge. 4W
		Is gas actually connected? When	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
			X	X					
Date Spudded 12-14-75	Date Compl. Ready to Prod. 01-20-76	Total Depth 3160'		P.E.T.D. 3150					
Elevations (DF, RKB, RT, GR, etc.) 6844' GL	Name of Producing Formation PC	Top X-1/Gas Pay 3030		Tubing Depth Tubingless					
Perforations 3030', 3034', 3038', 3066', 3069', 3074'				Depth Casing Shoe 3160'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		126'		236 cu. ft.			
6 3/4"		2 7/8"		3160'		198 cu. ft.			
		Tubingless							

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

Actual Prod. Test - MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
			924	

I. 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.

A. G. Lises
(Signature)
Drilling Clerk
(Title)
January 28, 1976
(Date)

OIL CONSERVATION COMMISSION
FEB 18 1976

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

This form is to be used 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 recompleting wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, transporter or other change of condition.

Separate Forms must be filed for each pool in multiple