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 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <b>P &amp; P Producing, Inc.</b>	Well API No. <b>3003921302</b>
Address <b>P.O. Box 3178, Midland, TX 79702-3178</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change is Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change is Operator <input checked="" type="checkbox"/>	Casehead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective 11/1/93	
If change of operator give name and address of previous operator <b>Graham Royalty, Ltd.</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Jicarilla 35</b>	Well No. <b>5</b>	Pool Name, including Formations <b>S. Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fed <b>Fed</b>	Lease No. <b>Jic 35</b>
Location	Unit Letter <b>J</b>	1600 Feet From The <b>South</b> Line and 1650 Feet From The <b>East</b> Line		
Section <b>36</b>	Township <b>25N</b>	Range <b>5W</b>	<b>NMPM</b>	Rio Arriba County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casehead 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)					
<b>El Paso Natural Gas Co.</b>	<b>P. O. Box 990, Farmington, NM 87401</b>					
Well produces oil or liquids, location of tanks	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When?
					<b>Yes</b>	
If 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of test 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<b>RECEIVED</b> NOV 9 1993 OIL CON. DIV. DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Sibs-10)	Casing Pressure (Sibs-10)	Choke Size

**VI. OPERATOR 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.

Signature Larry R. Boren  
 Larry R. Boren Manager/Operations Accounting  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Date 11/8/93 Telephone No. 915-686-4062

**OIL CONSERVATION DIVISION**

Date Approved NOV 12 1993

By [Signature]  
 Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.