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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

I. Operator
OCCIDENTAL PETROLEUM CORPORATION

Address
5000 STOCKDALE HIGHWAY, BAKERSFIELD, CALIFORNIA 93309

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA WEST	Well No. 7	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 152
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Location
Unit Letter **M**; **990** Feet From The **SOUTH** Line and **940** Feet From The **WEST**

Line of Section **8** Township **26NORTH** Range **5 WEST** , NMPM, **RIO ARRIBA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
PERMIAN CORPORATION	200-B PETROLEUM PLAZA, FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
E & M B	

If well produces oil or liquids, give location of tanks.	Unit M	Sec. 8	Twp. 26N	Rge. 5W	Is gas actually connected?	When
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If this 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.
(X)								

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 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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

NORTHWEST PRODUCTION CORPORATION
P.O. BOX 1796, EL PASO, TEXAS 79949
PHYSICAL OPERATOR
Charles E. Werner
(Signature)
CHARLES E. WERNER, REPRESENTATIVE
(Title)
DECEMBER 31, 1968

OIL CONSERVATION COMMISSION

APPROVED DEC 24 1968
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

TITLE _____

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, name, number, or transporter, or other such change of condition.