1.	DESTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRAN PORTER OPERATOR PRORATION OFFICE Operator	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Porm C-104 Supersedes Old C-104 and C-115 Effective 1-1-65
	NORTHWEST PRODUC Address BOX 1796 FI PAS Reason(s) for filing (Check proper box) New We!! X Recompletion Change in Ownership If change of ownership give name and address of previous owner	O , TEXAS		
	DESCRIPTION OF WELL AND LEASE			
ĺ	JICARILLA 152W	Well No. Pool Name, Incliding Fo	State, Federal	Jicarilla Apache ^{Lease No.} O ^{r Fee} Tribal Cont 152
l	Location		1665	Wost
	Unit Letter K : 1480	Feet From The South Line	e and 1005 Feet From 1	The West
Į	Line of Section 5 Tow	vnship 26N Range	5W , NMPM, Rio Ar	riba County
I.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
•	Name of Authorized Transporter of Oil or Condensate X			
į	NORTHWEST PRODUCTION Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	BOX 1796, EL PASO, TEX Address (Give address to which approv	AS ped copy of this form is to be sent)
	NORTHWEST PIPELINE B		BOX 90, FARMINGTON, NEW MEXICO	
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Whe	en
Į	give location of tanks.	K 5 26N 5W	nius compinaling order number	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		Plug Back Same Resty. Diff. Resty.
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	7/8/78	10/26/78	5814'	5797'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth 5750*
	6552' 4838 4844 4850	MV ,4862,4884,4892,4911,4917	,4923,4928,4938,5266,	Depth Casing Shoe
	5206 5203 5300w/1SP7 5	5358 5364 5376 5382 5398	,5406,541/,5423,5430,544	1, 5814'
	5448,5460,5510,5521,557	73.5618 TUBING, CASING, AND	CEMENTING RECORD 5638,5	655,5693,5/05,5//0 W/ISP
	HOLE SIZE	CASING & TUBING SIZE	222'	sacks cement 224 cf.
	13 3/4"	9 5/8"	3483'	207 cf.
	8 3/4'' 6 1/4''	4 1/2" liner	3323-5814'	438 cf.
	<u> </u>	2 3/8''	5750'	tubing
<i>,</i>	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)			
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
				Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	College Colleg
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas - MCF
				760
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensation
	1321'	3 hours	3,65 oil 2.60 water	Or The state of th
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fressure (Shut-in)	Choke Size
	Calc. A.O.F.	726	OII COHREDIA	TION COMMISSION
۲.	CERTIFICATE OF COMPLIANCE		OIL COMBERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	NOW S 193767
Commission have been complied with and that the above is true and complete to the best of my know		with and that the information given	Original Signed by F	e>
	Above 18 true and complete to the deat of my knowledge and better		DEPUTY OIL & SE	
			TITLE	compliance with RULE 1104.
			No. 1 - 1 - a compact for allow	vable for a newly drilled or deepened
	Signy Skadle (c)		weil, this form must be accompa tests taken on the well in acco	wied by a fabrication of the deviation
	Drilling Clerk		All sections of this form mu	ist he filled out completely for allow-
	(Title)		able on new and recompleted we	olio.

11/22/78

(Date)

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.