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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

API 30-039-22015

Operator OXY PETROLEUM INC.	
Address 5000 Stockdale Hwy., Bakersfield, California 93309	
Reason(s) for filing (Check proper box)	Other (Please explain)
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA WEST	Well No. 7A	Pool Name, including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee FED	Lease No. CONTRACT 152
Location Unit Letter J ; 1550 Feet From The SOUTH Line and 1530' Feet From The EAST				
Line of Section 8 Township 26N Range 5W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
NORTHWEST PIPELINE	P.O. Box 90, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 26N	Rge. 5W	Is gas actually connected? NO	When

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	X					
Date Spudded 01/27/79	Date Compl. Ready to Prod. 06/05/79		Total Depth 5945		P.B.T.D. 5909			
Elevations (DF, KKB, RT, GR, etc.) 6948 (GL)	Name of Producing Formation MESA VERDE		Top Oil/Gas Pay 5220		Tubing Depth 5563			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	284	250
8 3/4	7	3679	225
6 1/4	4.5	5940	340

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 75	Length of Test INSTANTANEOUS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.) PITOT	Tubing Pressure (Shut-in) 950 psi	Casing Pressure (Shut-in) 830 psi	Choke Size NONE

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.


JOHN ALEXANDER (Signature)
AGENT
(Title)

06/19/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1979
Original Signed by A. R. Kendrick
BY

TITLE SUPERVISOR DISTRICT # 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.