

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator El Paso Exploration Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 119N	Well No. 4A	Pool Name, Including Formation Tapacito Pictured Cliffs	Kind of Lease State, Federal or Federal	Lease No. Lic. Cont 119
Location Unit Letter <u>J</u> : <u>1525</u> Feet From The <u>South</u> Line and <u>1460</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>26N</u> Range <u>4W</u> , 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	P. O. Box 1702, Farmington, NM 87499
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 Corporation	P. O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : J Sec. : 6 Twp. : 26N Rge. : 4W
Is gas actually connected?	NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



(Signature)

Drilling Clerk

(Title)

7-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 12 1985

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 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 well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-2-82	Date Compl. Ready to Prod. 7-9-85	Total Depth 6483'		P.B.T.D. 6465'					
Elevations (DF, RKB, RT, GR, etc.) 7152' GL	Name of Producing Formation Tapacito Pictured Cliffs	Top Oil/Gas Pay 3870'		Tubing Depth 3912'					
Perforations 3870-3888, 3889-3907, 3918-3928 w/10 SPZ						Depth Casing Shoe 6483'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		293		177 cu ft				
8 3/4"	7"		4239		272 cu ft				
6 1/4"	4 1/2" Liner		4101-6483		421 cu ft				
	1 1/4" & 2 3/8" Tbg.		3912-6333						

V. 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)

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 476	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 48 MCF	Gravity of Condensate
Testing Method (pucl, back pr.) Back Pressure	Tubing Pressure (Shut-In) 259	Casing Pressure (Shut-In) 259	Choke Size 3/4"