| <u> </u> | - | - . | · / |
|---|---|--|---|
| NO. OF COPIES PECEIVED 7 | NEW MEXICO OIL C | TO ATION COMMISSION | Form C-104 |
| SANTA FE / | | F: LOWABLE | Supersedes Old C-104 and C-1 Effective 1-1-65 |
| FILE / | | | |
| U.S.G.S. | _ AUTHORIZATION TO TRA | ANSHORT OIL AND NATURAL | GAS |
| IRANSPORTER OIL / | | | _ |
| GAS / | | | 11 11 sept |
| OPERATOR 3 | | | (c) VLD |
| Operator Operator | | | |
| El Paso Natural Gas | Company | | AUG 29 1969 |
| Address | 77 W | | COM |
| Box 990, Farmington, Reason(s) for filing (Check proper to | | Other (Please explain) | OIL CON. COM |
| New Well | Change in Transporter of: | | DIST. 3 |
| Recompletion | Oil Dry Go | 一一 | |
| Change in Ownership | Casinghead Gas Conde | nsate | |
| f change of ownership give name nd address of previous owner | | | • |
| • | | | |
| DESCRIPTION OF WELL AND Lease Name | LEASE Well No. Pool Name, Including F | formation Kind of Lea | Jicariila |
| Jicarilla 67 | 12 Otero Cha | cra State, Fede | giorree Apache Tribal Co. |
| Location | 50 | 050 | ₩67 |
| Unit Letter D; 9 | Feet From The North Lin | ne and 050 Feet From | n The West |
| Line of Section 19 To | ownship 25-N Range | 5-W , NMPM, Ri | o Arriba County |
| DESIGNATION OF TRANSPORT | RTER OF OIL AND NATURAL GA | AS | |
| Name of Authorized Transporter of C | or Condensate 🔼 | Address (Give address to which appr | roved copy of this form is to be sent) |
| El Paso Hatural Gas | Company | Box 990, Farmington | New Mexico roved copy of this form is to be sent) |
| | asinghead Gas or Dry Gas 🔀 | 1 | |
| El Paso Matural Gas | Unit Sec. Twp. Ege. | Box 990, Farmington Is gas actually connected? | , New Mexico |
| f well produces oil or liquids, give location of tanks. | D 19 25-N 5-M | | |
| | rith that from any other lease or pool, | | |
| COMPLETION DATA | Cil Well Gas Well | New Weil Workover Deepen | Plug Back Same Resty. Diff. Rest |
| Designate Type of Complet | ion – (X) | X | 1 1 |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 6-27-69 | 8-21-69 Name of Producing Formation | 3565 ' Top XX /Gas Pay | 3555 Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) 6493' GL | Name of Producing Formation Chacra | 3390 | Tubingless Completion |
| Perforations | | | Depth Casing Shoe |
| 3390-3406,3486-981 w | | a country to a const | |
| | TUBING, CASING, AN | D CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 127' | 86 |
| 6 3/4" | 2 7/8" | 3565 | 250 |
| | | | |
| | EOD ALLOWARIE (T | after recovery of total values of land o | il and must be equal to or exceed top allo |
| TEST DATA AND REQUEST DOLL WELL | able for this d | lepth or be for full 24 hours) | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | uji, etc.) |
| 1 and the Table | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Test | , about 1 1000 mar | - | |
| Actual Prod. During Test | Oil-Bbls, | Water - Bbls. | Gas-MCF |
| | | <u> </u> | |
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 604 MCF/D | 3 hrs Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Testing Method (pitot, back pr.) Calculated A.O.F | Tubing Pressure (Shut-in) | 697 | 3/4" |
| CERTIFICATE OF COMPLIA | NCE | · | VATION COMMISSION |
| | | APPROVED | AUG 2 9 1969 |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Original Signed by Emery C. Arnold | |
| commission have been complete to tabove is true and complete to t | he best of my knowledge and belief. | il i | |
| | | TITLE SUPERVISOR DIST. #5 | |
| Original Signed F. H. WOOD | | This form is to be filed i | n compliance with RULE 1104. |
| Oliginal argined F. n. 11-000 | | I was this form must be accom | lowable for a newly drilled or deepen panied by a tabulation of the deviati |
| (Signature) | | tests taken on the well in ac | cordance with RULE 111. |

Petroleum Engineer

August 27, 1969

(Title)

(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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.