

Submitt 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Conoco Inc.</u>		Well API No. <u>30-039-20418</u>
Address <u>P.O. Box 460, Hobbs, NM 88240</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Name change from Jicarilla 22 well No. 5 to Jicarilla 22 well No. 3A
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 22</u>	Well No. <u>3A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee	Lease No. <u>Contract 65</u>
Location Unit Letter <u>L</u> : <u>1870'</u> Feet From The <u>South</u> Line and <u>790'</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>25N</u> Range <u>4W</u> , <u>NMPM</u> , <u>Rio Arriba</u> 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) <u>P.O. Box 1429, Bloomfield, NM 87413</u>	
<u>Conoco Surface Transportation</u>		
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) <u>P.O. Box 1492, El Paso TX 79978 Hobbs</u>	
<u>El Paso Natural Gas Company</u>		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>D</u> <u>22</u> <u>25N</u> <u>4W</u>	Is gas actually connected? When? <u>Connected</u> <u>01-15-89</u>

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

PC-754

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>						
Date Spudded <u>09-23-71</u>	Date Compl. Ready to Prod. <u>12-31-88</u>		Total Depth <u>7820'</u>		P.B.T.D. <u>7784'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7001' GR</u>	Name of Producing Formation <u>Mesaverde</u>		Top Oil/Gas Pay <u>5544'</u>		Tubing Depth <u>7858'</u>			
Perforations <u>5681'-88', 5668'-77', 5659'-62', 5555'-63', 5544'-50'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2</u>	<u>8-5/8</u>		<u>239'</u>		<u>150 sx.</u>			
<u>7-7/8</u>	<u>4-1/2</u>		<u>7820'</u>		<u>805 sx.</u>			
	<u>2 3/4</u>		<u>5646</u>					

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 Tank	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 <u>85</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>5 bbls.</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>pumping</u>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Signature
D. F. Finney Administrative Supervisor
Printed Name
2/14/89 (505) 397-5800
Date
Telephone No.

OIL CONSERVATION DIVISION

3-8-89 Date Approved MAY 03 1989

By [Signature]

Title DEPUTY OIL & GAS INSPECTOR, DIST. #5

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-039-20418
Address P. O. Box 460, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change Well No.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	From: Jicarilla No. 5
Change in Operator <input type="checkbox"/>		To: Jicarilla No. 3A

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 22	Well No. 3A	Pool Name, Including Formation Lindrith Gallup Dakota, West	Kind of Lease Ind. State, Federal or Fee	Lease No. Contract #65
Location Unit Letter L : 1870 Feet From The South Line and 790 Feet From The West Line Section 22 Township 25N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N. M. 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22
	Twp. 25N	Rge. 4W
Is gas actually connected? No - Pool Shut In		When ?

If this production is commingled with that from any other lease or pool, give commingling order number: PC-754

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

for Machine Simpson
Signature
W. W. Baker, Administrative Supervisor
Printed Name
Date 4-5-89 Telephone No. (505) 397-5800

OIL CONSERVATION DIVISION

Date Approved

APR 06 1989

By

Title

DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

