

DISTRIBUTION	
AMOUNT	1
FILE	1
U.S.G.S.	
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

I. Operator  
Northwest Production Corp.  
Address  
Box 990, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla 123 C	Well No.	19	Pool Name, including Formation	So. Blanco P.C.	Kind of Lease	State (Federal) or Free	Lease No.	Jicarilla
Location	Cont. #123								
Unit Letter	P	Feet From The	1085	S	Line and	1040	Feet From The	E	
Line of Section	5	Township	25-N	Range	4-W	NMEM,	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"/>	Inland Corporation	Address (Give address to which approved copy of this form is to be sent)	Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent)	Box 90, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rce.	Is gas actually connected?	When
	P 5 25N 4W		

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Depth <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>						
Date Spudded	05-20-76	Date Compl. Ready to Prod.	08-03-76	Total Depth	3786'	P.B.T.D.	3775
Elevations (DF, RKB, RT, GR, etc.)	7211' GL	Name of Producing Formation	P. C.	Top <input checked="" type="checkbox"/> Gas Pay	3668	Tubing Depth	Tubingless
Perforations	3668', 3675', 3691', 3697', 3703', 3712', 3720', 3734'			Depth Casing Shoe	3786		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12 1/4"	8 5/8"	109' GL	106 cf.				
6 3/4"	2 7/8"	3786'	177 cf.				
	Tubingless						

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3188	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc A.O.F.		1027	3/4"

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.

J. P. Duran  
(Signature)  
Drilling Clerk  
(Title)  
September 2, 1976  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 11 1976, 19  
BY Original Signer  
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 Form C-104 must be filed for each pool in multiple