Form C-104 Revised 10-1-78

87401 P.O. Box 1541, Farmington, NM Reason(s) for filing (Check proper box) Other Please explain) Lease Plane Change WimaxI aprobe D New Well Change in Transporter of: Recompletion Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner. Well No. | Pool Name, Including Formation DESC Jicarilla State, Federal or Fee Lease No. 6 Ballard Pic. Cliffs _AXI "D" Cont. 42 Location 810 М ___ Feet From The South ___ Line and __ 910 Feet From The West 24 N 4 W , NMPM, 20 Township Range <u>Rio Arriba</u> County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas X Address (Give address to which approved copy of this form is to be sent) 403 J.P. White Bldg., Roswell, NM 88201 Gas Company of New Mexico Is gas actually connected? When Unit Sec. Twp. Rge. If well produces oil or liquids, give location of tanks. approx. October 1. no If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Plug Back | Same Res'v. Diff. Res'v. Gas Well New Well Workover Deepen Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 7-20-82 2700 2670 Name of Producing Formation 04-12-82 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Top Oll/Gas Pay 2609 KB 2544**'** 6746' KB, 6738' GL Pictured Cliffs 2692 ′ 2544-2609 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE

97'_KB 9-5/8" 50 sx Class B w/2% CaCl 6-1/4" 2692' KB 2-7/8" 225 sx Class B w/2% econo 50 sx Class B w/2% 11/4 2609 Eil. cac1 (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Casina Pressure

Water - Bble. Oil-Bhis. Actual Prod. During Test AUG 16 1982 OIL CON. COM. **GAS WELL** th ot 001010 Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D 3 hrs
Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Siz Testing Method (pitot, back pr.) 3/4" 625 ps<u>ig</u> 631 psig

CERTIFICATE OF COMPLIANCE

Operator

August 13, 1982

Back Pressure

Date First New Oil Run To Tanks

Length of Test

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.

Based By

... Bayless

Date of Test

Tubing Pressure

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	TI

OIL CONSERVATION DIVISION 8-26-82 APPROVED.

AUG 26 1982

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

Producing Method (Flow, pump, gas lift, etc.)

TLE .

This form is to be filed in compliance with RULE 1904. If this is a request for allowable for a newly drilled or despened

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 multiply

(Date)

(Title)

(Signature)