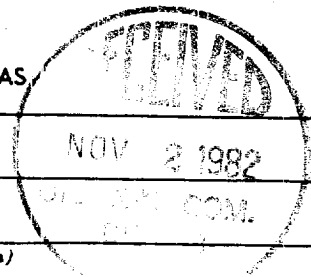


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
El Paso Exploration Company

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 126 S	Well No. 17	Pool Name, Including Formation Undes. Mesa Verde	Kind of Lease State, Federal or Fee	Jic. Cont.	Lease No. 126
Location Unit Letter <u>K</u> ; <u>1520</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <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 type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input 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) PO Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>1</u> Twp. <u>24N</u> Rge. <u>4W</u> Is gas actually connected? <input type="checkbox"/> When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
			X	X					
Date Spudded 6-24-82	Date Compl. Ready to Prod. 10-21-82	Total Depth 5750'		P.B.T.D. 5732'					
Elevations (DF, RKB, RT, GR, etc.) 6933' GL	Name of Producing Formation Mesa Verde	Top of Gas Pay 5033'		Tubing Depth 5524'					
Perforations 5033', 5038', 5070', 5164', 5171', 5260', 5266', 5315', 5320', 5330', 5334', 5342', 5346', 5420', 5436', 5444', 5462', 5486', 5538', 5569' w/1 spz.		Depth Casing Shoe 5750'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		221'		281 cu.ft.			
8 3/4"		7"		3481' 34/8		242 cu.ft.			
6 1/4"		4 1/2"		3258-5750'		427 cu.ft.			
		2 3/8"		5524'					

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 0	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 382	Casing Pressure (Shut-in) 0	Choke Size 3/4"

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

N. B. Lewis
(Signature)

Drilling Clerk
(Title)

November 1, 1982
(Date)

OIL CONSERVATION DIVISION
11-10-82 NOV 10 1982
APPROVED
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.