DISTRIBUTION SANTA FE. FILL U.S.G.S. LAND OFFICE IRANSPORTEN OPERATOR PRONATION OFFICE Operator Operator	REQUEST	CONSCRVATION COMMESSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Superseder Old C-104 and C-110 Effective 1-1-65
NORTHWEST I Address BOX 289, FARI Reason(s) for filing (Check proper New We!! Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry G Casinghead Gas Conde	Other (Please explain) as	•
end address of previous owner _ I. DESCRIPTION OF WELL AS	ID LEACE		
Lease Name	Weil No. Pool Name, Including F	la	25000 1.0.
JICARILLA 152W	#1 (OWWO) SO. BL	ANCO PC State, Food	JIC 152
Unit Letter M;	SOO Feet From The S Lt. Township 26N Range		Arriba County
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	is	
None of Authorized Transporter of			roved copy of this form is to be sent)
INLAND CORP		5101 E. Main, Farmi Address (Give address to which app	ngton. New Mexico
Northwest I	Pipeline Corp.	Box 90, Farmington,	ľ
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Then
give location of tanks.	M 7 26N 5W		
If this production is commingled 7. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spaceau	9-18-18	7623'	7480'
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Top @ /Gas Pay	Tubing Depth
G545' GL		3042'	7430 ' Depth Casing Shoe
3042-10,	3126-10 with 4 SPF.	•	7615'
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	10 5/4"	137'	100 cf.
8 3/4"	7 5/8"	3295'	200 cf.
6 3/4''	5 1/2" liner	3200-7623	250 cf.
TENT DATA AND DECITED	FOR ALLOWARIE (Test Title)	feer recovery of rotal volume of load of	i tubing land must be equal to or exceed top allow-
OIL WELL	able for this di	rpth 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 Pred. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF
Actual Production of the Actual Production of			81979
GAS WELL	The second of the second	DNI Cardinali Anion	I complete the state of the sta
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensage O'ST. 3
190 Tasting Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. A.O.F.	574	576	3/4"
CERTIFICATE OF COMPLIA		<u> </u>	ATION COMMISSION
CENTIFICATE OF COMPLIA		JAN 1	1 4979
. I hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
المناجات مناها والمناها	the heat of my boomledge and belief		
above is true and complete to	the best of my knowledge and belief.	Uriginal bigned by	A. R. Kendrick
above is true and complete to	the best of my knowledge and belief.	BY Original Signed by	Reg Kendrick
above is true and complete to	the best of my knowledge and belief.	TITLE This form is to be filed in	compliance with RULE 1104.
above is true and complete to	the best of my knowledge and belief.	TITLE This form is to be filed in	

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 completed wells.

Drilling Clerk

1/3/79

(Title)

(Pate)