

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
ANTAFE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C	
FILE		AND		Effective 1-1-85	
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					

Cities Service Oil & Gas Corporation

Address P. O. Box 1919, Midland, Texas 79702

Section(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Ownership-name change

Recompletion ☐ Oil ☐ Dry Gas ☐ Effective January 1, 1986

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Change of ownership give name and address of previous owner OXY Petroleum, Inc.

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla West Well No. 1 Pool Name, including Formation Blanco PC South Gas Kind of Lease Federal Lease No.

Location Unit Letter M 990 Feet From The South Line and 890 Feet From The West

Line of Section 8 Township 26N Range 5W NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Co. P. O. Box 1492, El Paso, Texas

Well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

Yes

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Rest

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Deviations (UD, 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

TEST DATA AND REQUEST FOR ALLOWABLE II. 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-Bbls.

AS 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

FEB 05 1986 OIL CON. DIV. DIST. 3

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.

Region Operations Manager

January 31, 1986

OIL CONSERVATION COMMISSION

APPROVED FEB 05 1986

BY 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 well in multiple.