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Appropriate District Office
DISTRICT1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICE II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		·	BLE AND AUTHOF	RIZATION				
I.			AND NATURAL C	GAS				
					API No.			
Address 1670 Broadway, P. O.	3003908095 o 80201							
Reason(n) for Filing (Check proper box)	······································		Other (Please ex	plain)				
New Well		Transporter of:						
Recompletion L. Change in Operator	Oil L							
16.1			Willow, Englewo	od, Colo	ado 801	155		
II. DESCRIPTION OF WELL		,						
Lease Name JICARILLA B	_	Pool Name, Includi BASIN (DAKO		Lease No. RAL 9000109				
Location B								
Unit Letter		Feet From The FN	L Line and 2510		et From The	rel	Line	
Section 15 Townshi	p 26N	Range5W	, NMPM,	RIO A	RRIBA		County	
III. DESIGNATION OF TRAN	SPORTER OF OI		RAL GAS Address (Give address to	which approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] NORTHWEST PIPELINE CORPORATION			L	copy of this form is to be sent) KE CITY, UT 84108-0899				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?		·			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ing order number:					
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	- (X) Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth				
Perforations	ł	Depth Casing Shoe						
	TUBING.	CASING AND	CEMENTING RECO	RD	1			
HOLE SIZE			DEPTH SET		SACKS CEMENT			
							,	
TO THE REAL PROPERTY OF THE PR	W 656 717 8117							
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR ALLOW A recovery of total volume of		be equal to or exceed top a	llawahle for this	denth or he fo	or full 24 how	rs)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,			, , , , , , , , , , , , , , , , , , , ,		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL			1		1			
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pressure (Shut-in)		Choke 3/2			
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE						
I hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conserv	vation	OIL CO	NSERV	ATION E	NVISIC)N	
is true and complete to the best of my	Date ApprovedMAY 0.8 1000							
(1. 1 Hr.	4							
Signature	By By							
J. L. Hampton Sr. Staff Admin. Suprv. Finited Name Title Janaury 16, 1989 303-830-5025			Title	SUPERVI	SION DIS	TRICT #	3	
Date 15, 1505		phone No.						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.