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| TRANSPORTER            | OIL |   |
|                        | GAS | 1 |
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65



I.

|                                              |                                                                             |
|----------------------------------------------|-----------------------------------------------------------------------------|
| Operator<br>Northwest Production Corporation |                                                                             |
| Address<br>Box 1796, El Paso, Texas 79949    |                                                                             |
| 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"/> Dry Gas <input checked="" type="checkbox"/>    |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                      |                       |                                                                   |                                                                               |
|--------------------------------------|-----------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Lease Name<br><b>JICARILLA 119 N</b> | Well No.<br><b>13</b> | Pool Name, Including Formation<br><b>TAPACITO PICTURED CLIFFS</b> | Kind of Lease<br><b>JICARILLA</b><br>State, Federal or Fee<br><b>FED #119</b> |
| Location                             |                       |                                                                   |                                                                               |
| Unit Letter<br><b>E</b>              | <b>2140</b>           | Feet From The<br><b>North</b>                                     | Line and<br><b>1270</b>                                                       |
| Line of Section<br><b>8</b>          |                       | Township<br><b>26 North</b>                                       | Range<br><b>4 West</b>                                                        |
|                                      |                       | NMPM,<br><b>Rio Arriba</b>                                        | County                                                                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |      |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
| <b>El Paso Natural Gas Co.</b>                                                                                           | <b>Box 990, Farmington, N. M.</b>                                        |      |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. |
|                                                                                                                          | Twp.                                                                     | Rge. |
|                                                                                                                          | Is gas actually connected?                                               | 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'tv. | Diff. Res'tv. |
|                                                      |                                                       | <b>X</b>                       | <b>X</b>                             |          |               |           |              |               |
| Date Spud led<br><b>March 17, 1967</b>               | Date Compl. Ready to Prod.<br><b>March 27, 1967</b>   | Total Depth<br><b>3650</b>     | P.B.T.D.<br><b>3599</b>              |          |               |           |              |               |
| xxx Elevation<br><b>6850 OR</b>                      | Name of Producing Formation<br><b>Pictured Cliffs</b> | Top Oil/Gas Pay<br><b>3550</b> | Tubing Depth<br><b>None</b>          |          |               |           |              |               |
| Perforations<br><b>3550 to 3570 w/2 shots per ft</b> |                                                       |                                | Depth Casing Shoe<br><b>3642 RKB</b> |          |               |           |              |               |
| TUBING, CASING, AND CEMENTING RECORD                 |                                                       |                                |                                      |          |               |           |              |               |
| HOLE SIZE                                            | CASING & TUBING SIZE                                  |                                | DEPTH SET                            |          | SACKS CEMENT  |           |              |               |
| <b>12 1/4</b>                                        | <b>8-5/8" OD</b>                                      |                                | <b>146.01 RKB</b>                    |          | <b>100 sz</b> |           |              |               |
| <b>6 1/2</b>                                         | <b>2-7/8 OD</b>                                       |                                | <b>3642.18 RKB</b>                   |          | <b>100 sz</b> |           |              |               |

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<br><b>April 14, 1967</b> | Producing Method (Flow, pump, gas lift, etc.)<br><b>Flow</b> |            |
| 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<br><b>1904</b>                   | Length of Test<br><b>3 hours</b> | Bbls. Condensate/MMCF<br><b>None</b> | Gravity of Condensate          |
| Testing Method (pitot, back pr.)<br><b>Back Pressure</b> | Tubing Pressure<br><b>None</b>   | Casing Pressure<br><b>576</b>        | Choke Size<br><b>3/4" T.C.</b> |

VI. 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.

C. E. Warner, Director (Signature)  
Production Operations (Title)  
APR 19 1967 (Date)

|                                                                                                                                                                                              |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| OIL CONSERVATION COMMISSION<br>APR 21 1967                                                                                                                                                   |                                              |
| APPROVED _____, 19 _____                                                                                                                                                                     | By <u>Original Signed by Emery C. Arnold</u> |
| TITLE _____                                                                                                                                                                                  | SUPERVISOR DIST. 3                           |
| 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 Sections I, II, III, and VI only 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.                                                                                                                |                                              |