	, -					
	DISTRIBUTION	-				
	ANTA FE	NEW MEXICO OIL C				
	LE	KEG0E31				
	a.G.S.	_ AUTHORIZATION TO TRA				
	AND OFFICE	_				
	TRANSPORTER GAS	-				
	OPERATOR					
I.	PRORATION OFFICE					
	Jerome P. A	∕acHuah				
	Address					
	Box 234, Fa	rmington, New Mexico				
	Reason(s) for filing (Check proper bo					
	: ew Well	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas X Conden				
	onange in owneremp_	Conden				
	If change of ownership give name and address of previous owner					
	•					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo				
	Jicaril la	2 Basin Dak				
	Location					
	Unit Letter ;1	700 Feet From The South Line				
	Line of Section 30 The	06 A)				
	Line of Section 30 To	ownship 26 N Range				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Of	or Condensate				
	Plateau, Inc. Name of Authorized Transporter of Co	singhead Gas or Dry Gas				
	Northwest Pipeline					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.				
	give location of tanks.	L 30 26N 4W				
		ith that from any other lease or pool, g				
V.	COMPLETION DATA Oil Well Gas Well					
	Designate Type of Completi	on = (X)				
	Date Spudded	Date Compl. Ready to Prod.				
	Flourities (DE BVB DT CD	N				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				
	Perforations					
j						
		TUBING, CASING, AND				
	HOLE SIZE	CASING & TUBING SIZE				
}						
l						
	TEST DATA AND REQUEST F					
	OIL WELL Date First New Cil Run To Tanks	able for this dep.				
	Date : He, Hew CH Hum To Talks	54.6 61 1481				
	Length of Test	Tubing Pressure				
	Actual Prod. During Test	Oil-Bbls,				
I.		<u> </u>				
	GAS WELL					
ſ	Actual Prod. Test-MCF/D	Length of Test				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
, <u> </u>						
1. (CERTIFICATE OF COMPLIAN	UE				
(Commission have been complied v	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.				
	_	_				
	,	11				

ONSERVATION COMMISSION FOR ALLOWABLE AND

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

Reason(s) for filing (Check proper box) : ew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	ington, New Mexico Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Other (Pleas	e explair.)		
PRORATION OFFICE Operator Jerome P. Mch Address Box 234, Farm Reason(s) for filing (Check proper box) : ew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	ington, New Mexico Change in Transporter of: Oil Dry Ga	Other (Pleas	e explain.)		
PRORATION OFFICE Operator Jerome P. Mch Address Box 234, Farm Reason(s) for filing (Check proper box) : ew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	ington, New Mexico Change in Transporter of: Oil Dry Ga	Other (Pleas	e explair.)		
Derome P. Mchaddress Box 234, Farm Reason(s) for filing (Check proper box) : ew We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	ington, New Mexico Change in Transporter of: Oil Dry Ga	Other (Pleas	e explain)		
Box 234, Farm Reason(s) for filing (Check proper box) : ew We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	ington, New Mexico Change in Transporter of: Oil Dry Ga	Other (Pleas	e explair.)		
Reason(s) for filing (Check proper box) : ew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	Change in Transporter of: Oil Dry Ga	Other (Pleas	e explain)		
: ew Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	Oil Dry Ga	15 E E	e explain)		
Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla	Oil Dry Ga		, ,		
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LE Lease Name Jicarilla			tona ' /' .	. •	
DESCRIPTION OF WELL AND LE Lease Name Jicarilla		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ctive 2-1	-74	
Lease Name Jicarilla					
Jicarilla					
	Well No. Pool Name, Including F		Kind of Lease		Lease No.
Location	2 Basin Dak	ota	State, Federal	or FeeInd. Cont.	120
Unit Letter ; 1700	Feet From The South Lin	e and	Feet From T	he_ West	
Line of Section 30 Townsh	nip 26 N Range	4 W , NMPM	, Rio A	rriba	County
DESIGNATION OF TRANSPORTED	R OF OU AND NATURAL GA	·s			
Name of Authorized Transporter of Oil			o which approv	ed copy of this form is to	be sent)
Plateau, Inc.				, N. M. 8740	
Name of Authorized Transporter of Casingle				ed copy of this form is to	•
Northwest Pipeline Co	rporation iit Sec. Twp. Rge.	501 Airport Is gas actually connected		armington, N.	M. 874C
If well produces oil or liquids, give location of tanks,	L 30 26N 4W	·		•	
If this production is commingled with the COMPLETION DATA			number		
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.
Designate Type of Completion -			i		, , , L
Date Spudded Da	ate Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Na	ame of Producing Formation	Top Ofl/Gas Pay		Tubing Depth	
Perforations				Depth Casing Shoe	
				· · · · · · · · · · · · · · · · · · ·	
	TUBING, CASING, AND	T			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	.т	SACKS CEME	ENT
TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be aff	ter recovery of total volumenth or be for full 24 hours		nd rue de equal to or ex	ceed top allow
OIL WELL Date First New Cil Run To Tanks Da	te of Test	Producing Method (Flow	pump, gas lift	, etc.)	
Length of Test Tu	bing Pressure	Casing Pressure	(Care	64 1971	
Length of feet	pud Lieseme	Cusing Fiesbare	OIL! CO	N."COM.	
Actual Prod. During Test Oil	l-Bbls.	Water - Sbls.	DIS	Tour MCP	
GAS WELL					
	ngth of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.) Tuk	bing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size	
CERTIFICATE OF COMPLIANCE		01.0	ONSERVAT	TION COMMISSION	
		APPROVED	FE	7 1974	9
hereby certify that the rules and regul Commission have been complied with above is true and complete to the bes	BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3				
// D 71.	1/ 0		be filed in co	mpliance with RULE	1104.
J. J. Sho	Hugh	If this is a requ	est for allows	ble for a newly drilled	or deepened
(Signature)		well, this form must tests taken on the w	be accompani ell in accord	ed by a tabulation of tance with RULE 111.	the deviation
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
January 21, 1974		Fitt out only S	ections I. II.	III, and VI for change, or other such change	es of owner,