DISTRIBUTION NEW MEXICO CB CODE TO A HON COMMISSION 15rm (- 104 REQUIST FOR ALLOWABLE Supersedes Old C-104 and ! L.F. Effective 1-1-65 AND us.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 1 FRANSPORTER 1 OPERATOR PROPATION OFFICE Operator Northwest Production Corporation O. Box 990, Farmington, New Mexico Reason(s) for liling (Check proper box) Other (Please explain) New Well x Change in Transporter of: Recompletion OII Dry Gus Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Engration Jicarilla Apache State, <u>Federal</u> or Fee <u>Jicarilla 119N</u> 7A Blanco Mesa Verde Tribal Cont.#119 1030 Feet From The South Line and 1700 Unit Letter _ Feet From The _East 8 Township 26-N Range 4-W , NMFM, Rio Arriba Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation Name of Authorized Transporter of Casinghead Gas [P. O. Box 90, Farmington, New Mexico 87401 Solitor of tive address to which approved copy of this form is to be sent) or Dry Gas X Inland Corporation P. O. Box 1528, Farmington, New Mexico 87401 Unit Sec. Twp. Bire. Is gas authally connected? When If well produces oil or liquids, give location of tanks. 0 8 26N 4-W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well How Well Werkever Oil Well Flug Back Same Resty, Diff. Res Designate Type of Completion = (X)X ... X Date Spudded Date Compl. Ready to Prod. F.B.T.D. 04-14-77 59951 6-17-77 59781 Elevations (DF, RKB, R1, GR, etc., Name of Fraducing Formation Top ** one tray Tubing Derth 6802'_GL Mesa Verde 5150' , 5198-5206, 5220-30, 5248-60, 5268-78', 5670-5961 Perforations 5150-60,5166-72, Depth Castna Sha <u>90, 5700-10, 5748-64, 5778-84, 5794-5806, 5836-40, 5848-52, 5880-88, </u> 5995' 5906-14,5942-46,5964-68 TUBING, CASING, AND CEMERATING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13 3/4" 9 5/8" 219' 224 cf 7'' 8 3/4" 3791' 197 cf 4511 6111 3571**-**5995' 416 cf 3/8" 5961' tbg V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all: able for this depth or he for full 24 hours) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Freedure Choke Size Actual Prod. During Test Oil-Bbls. Water - Birls. Gan-MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls, Condensate/MMCF Gravity of Condensate 2455 3 hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 1132 Calc A.O.F. 1152 3/4" variable VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED_ 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. By Original Signed by A. R. Kendrick TITLE This form is to be filed in compliance with RULE 1104. Stuld If this is a request for allowable for a newly drilled or deepenwell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Drilling Clerk All sections of this form must be filled out completely for allo-sble on new and recompleted wells. (Title) June 22, 1977 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

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(Date)