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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

API 30-039-21726

Operator NORTHWEST PRODUCTION Corp	
Address BOX 289, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 152W	Well No. 4A	Pool Name, Including Formation SO. BLANCO PC	Kind of Lease JIC. APACHE	Lease No. 152
State Federal or Fee TRIBAL CONT.				
Location Unit Letter E : 1760 Feet From The N Line and 1185 Feet From The W				
Line of Section 5 Township 26N Range 5W, NMPM, Rio Arriba County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NORTHWEST PRODUCTION Corp	BOX 289, FARMINGTON, NEW MEXICO
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)
NORTHWEST PIPELINE	BOX 90, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 5 26N 5W	

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

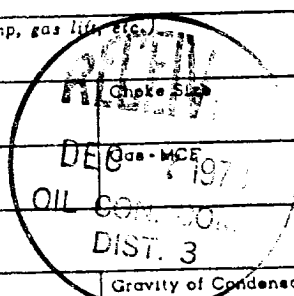
II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7/18/78	Date Compl. Ready to Prod. 10/2/78	Total Depth 5856'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc., 6557' GL	Name of Producing Formation PC	Top Gas Pay 3160'	Tubing Depth 5261'					
Perforations 3160-68, 3176-3200, 3206-20 w/16 SPZ.			Depth Casing Shoe 5856'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	220'	224 cf.					
8 3/4"	7"	3522'	207 cf.					
6 1/4"	4 1/2" liner	3369-5856'	433 cf.					
	1 1/4"	3261'	tubing					

III. 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	Producing Method (Flow, pump, gas lift, etc.)
		Choke Size
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test - MCF/D 3121	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 977	Casing Pressure (Shut-in) 975	Choke Size 3/4"

IV. 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.

D. P. Buico
(Signature)
Drilling Clerk
(Title)
11/30/78
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 13 1978, 19____
BY Original Signed by A. R. Kendrick
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 pool in multiply completed wells.