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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
JICARILLA 152W	4A	BLANCO MV	JIC. APACHE State, Federal or Fee	TRIBAL CONT. 152
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 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 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.
	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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/18/78	10/26/78		5856'		5839'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top of Gas Pay		Tubing Depth			
6557 GL	MV		4835'		5724'			
Perforations					Depth Casing Shoe			
4835, 4841, 4874, 4898, 4917, 4922, 4927, 4932, 4950, 4956, 5308, 5315, 5322 w/1SPZ, 5409, 5416, 5422, 5439, 5446, 5453, 5459, 5471, 5477, 5489, 5540, 5564, 5588, 5604, 5656, 5665, 5685	TUBING, CASING, AND CEMENTING RECORD		5724, 5734, 5753 w/1SPZ.					
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.			
	2 3/8"		5724'		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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			DEC 7 1978
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			OIL CON. COM.
			DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
661	3 hours	5.50 oil 6.54 water	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc. A.O.F.	520	---	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.

A. G. Brisco
(Signature)

Drilling Clerk

(Title)

11/30/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1 8 1978, 19__

BY Original Signed by A. R. Kendrick

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 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.