HO. OF COPIES RECEIVED DISTRIBUTION **NEW MEXICO OIL, CONSERVATION COMMISSION** Form C-104 Supersedes Old C-104 and C-110 SANTATE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE. VMD AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRAE PORTER OPERATOR PROPATION OFFICE Operator NORTHWEST PRODUCTION Address Box 1796, EL PASO, Reason(s) for filing (Check proper box) **TEXAS** Other (Please explain) New Well x Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ I. DESCRIPTION OF WELL AND LEASE. Well No. Pool Name, Including Formation Kind of Lease Jicarilla State, Federal or Fee Apache Tribal #4 BLANCO PC JICARILLA 152W Contract Location 1665 Feet From The West ;_1480 South Line and _ Unit Letter NMPM, Rio Arriba County 5W Township <u> 26N</u> Range Line of Section 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate BOX 1796, EL PASO, TEXAS Address (Give address to which approved copy of this form is to be sent) NORTHWEST PRODUCTION Name or Authorized Transporter of Casinghead Gas or Dry Gas X BOX 90. FARMINGTON, NEW MEXICO NORTHWEST PIPELINE Is gas actually connected? P.ge. Twp. Unit If well produces oil or liquids, : <u>5W</u> 5 26N give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA New Well Plug Back Oil Well Workover Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded <u>5814'</u> <u> 5797'</u> 10/26/78 7/8/78 Top **G**!F/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation <u>32</u>35' 3160' 6552' Depth Casing Shoe Perforations 3160-68,3176-3200,3206-20with 16 SPZ 5814! TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 222' 224 cf 9 5/8" $13 \ \overline{3/4''}$ 3483' <u> 207 cf</u> 8 3/4" 4 1/2" 438 cf <u> 3323-5814'</u> 1iner 6 1/4" 1/4" <u> 3235'</u> 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 allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Tent Date First New Oil Run To Tanks Casing Pressure Length of Test Tubing Pressure Water - Bbls. OII - Bbla. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3 hours 4460 Choke Size Casing Pressure (Shut-in) Tubing Presewe (Shut-in) Testing Method (pitot, back pr.) 1007 1015 OIL CONSERVATION COMMISSION Calc. A.O.F. CERTIFICATE OF COMPLIANCE

TITLE DESTRUCTION

APPROVED

BY Original Signed by Them

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.

(Title)

(Date)

Drilling Clerk

11/22/78

aduld

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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.

will 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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Separate Forms C-104 must be filed for each pool in multiply completed wells.