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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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

Operator Northwest Production Corporation	
Address BOX 289, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 152W	Well No. 2A(PM)	Pool Name, Including Formation MV	Kind of Lease State, Federal or Fee	Lease No. Jic.Apache 152
Location Unit Letter P ; 810 Feet From The South Line and 880 Feet From The East			Tribal Contract	
Line of Section 5 Township 26N Range 5W, NMPM, Rio Arriba			County	

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) 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) BOX 90, FARMINGTON, NEW MEXICO				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 26N	Rge. 5W	Is gas actually connected? When

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

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 6/28/78	Date Compl. Ready to Prod. 9/28/78		Total Depth 5855'		P.B.T.D. 5438'			
Elevations (DF, RKB, RT, CR, etc.) 6575' GL	Name of Producing Formation MV		Top Oil/Gas Pay 4853		Tubing Depth 5771'			
Perforations 4853, 4862, 4873, 4879, 4886, 4900, 4908, 4916, 4924, 4932, 4940, 4955, 4962, 5210, 5254, 5262, 5326, 5333, 5340 w/1SPZ. 5408, 5414, 5420, 5441, 5446, 5451, 5456, 5471, 5478, 5538, 5586, 5604, 5657, 5666, 5728, 5734, 5764, 5778, 5794 w/1 SPZ.					Depth Casing Shoe 5855'			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13 3/4"		9 5/8"		216'		224 cf.		
8 3/4"		7"		3521'		207 cf.		
6 1/4"		4 1/2" liner		3365-5855'		431 cf.		
		2 3/8"		5771'		tubing		

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2188	Length of Test 3 hours	Bbls. Condensate/MMCF 13.5bbls.oil-1bbl.water	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 819	Casing Pressure (Shut-in) ---	Choke Size 3/4"

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. Busco  
(Signature)  
Drilling Clerk  
(Title)  
11/16/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 20 1978, 19  
BY Original Signed by FRANK T. CHAVEZ

TITLE DEPUTY OIL & GAS INSPECTOR, 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.