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DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G			
IRANSPORTER GAS		•		
OPERATOR				
PRORATION OFFICE Operator				
Oxy Petroleum Inc.				
5000 Stockdale Hwy., B Reuson(s) for filing (Check proper box)	akersfield, California	93309 Other (Please	explain)	
New Well	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	77		
If change of ownership give name				
and address of previous owner				
Lease Name	Well No. Pool Name, Including Fo		Kind of Lease State, Federal	Jicarilla Jicarilla Jor Fee Federal
Jicarilla West	8A Blanco Mesa V		0.0.0, 1.0.0	
Unit Letter;;	90 Feet From The SOUTH Lin	e and	Feet From T	
Line of Section 6 Tow	mship 26N Range	5W , NMPM	, RI	O ARRIBA County
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	·	
Name of Authorized Transporter of Oil				ed copy of this form is to be sent)
Nume of Authorized Transporter of Cas NORTHWEST PIPELINE COR	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approx			87401
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? Whe	en .
give location of tanks.		YES		8/31/79
If this production is commingled wit . COMPLETION DATA		New Well Workever	Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	n - (X) Gas Well N - (X) X Date Compl. Ready to Prod.	X Total Depth	l I	P.B.T.D.
Date Spudded 01/03/79	05/02/79	5650		5608
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth
6676' GL				5279 Depth Casing Shoe
5003-55511				
	TUBING, CASING, AND		D ET	SACKS CEMENT
HOLE SIZE	9 5/8	250		150
8 3/4	7"	3506		60 sk 65-35 Poz + 12%
	4 1/2" (liner)	3340-5632		gel w/ 100sk class "B" 270
. TEST DATA AND REQUEST FO	OR ALLOWARDE (Test must be a	fter recovery of total voll	279 load oil	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours Producing Method (Flow	"	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size
Actual Prod. During Test	Teet Oil-Bbls.			Gas MCF
	<u> </u>	<u></u>		AUCHALL
GAS WELL	I (Tool	Bbls. Condensate/MMC	F	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test 3 hrs.			
1590 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size
Back pressure	70	420		7/4"
I. CERTIFICATE OF COMPLIANC			CONSERVA	TION COMMISSION
I hereby certify that the rules and r		APPROVED		

AGENT (Title)

August 31, 1979

(Date)

SUPERVISOR DISTRICT # 3 TITLE .

This form is to be filed in compliance with RULE 1704.

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, ell 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.