NO. OF COMES RECEIVED			4		
DISTRIBUTION					
SANTA FE					
FILE		1_/_			
U.S.G.S.		İ			
LAND OFFICE					
IRANSFORTER	OIL	L.,			
	GAS				
OPERATOR		1/_	<u> </u>		
FRORATION OFFICE			<u> </u>		
0					

OHN ALEXANDER

(Signature) AGENT (Title) June 19,

(Date)

1979

DISTRIBUTION SANTA FE FILE	F	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Supersede Effective	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.\$.G.\$.	AUTHORIZATIO	N TO TRAN	ISPORT OIL AND N	RATURAL GA	AS		
LAND OFFICE	 .					•	
IRANSFORTER GAS		•			API 30-0	39-21979	
OPERATOR - FRORATION OFFICE	+-						
Operator	<u></u>						
OXY PETROLEUM	INC.			······································			
5000 Stockdale.Hv	wy., Bakersfield, Ca	alifornia	93309 Other (Please	explain)			
Recson(s) for filing (Check prope	change in Transporte		Office 11 least				
New Well Recompletion	Oil	Dry Ga s	<u> </u>				
Change in Ownership	Casinghead Gas	Condens	sate				
If change of ownership give na	ame				···		
and address of previous owner							
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name	e. Including Fo	rmation	Kind of Lease	·	Lease No. CONTRACT	
Lease Name	1	MESA VE		State, Federal	or Fee FED	152	
JICARILLA WEST					The WEST_		
Unit Letter D :_	1100 Feet From The	NORTH Line	and 790	Feet From 1	The WEST		
	Township 26N	Range	5W , NMPI	M, RI	O ARRIBA	County	
Line of Section 6							
II. DESIGNATION OF TRANS	PORTER OF OIL AND NA	TURAL GA	S Address (Give address	to which approx	red copy of this fo	orm is to be sent)	
Name of Authorized Transporter	of Off or Contamate						
Name or Authorized Transporter	of Casinghead Gas or Dr	y Gas X	Address (Give address	to which appro-	ned copy of this for Mari	ico 87401	
NORTHWEST PIPELI	NE	10-0	P.O. Box 90,	en New MCX			
If well produces oil or liquids,	Unit Sec. Twp	•	NO				
give location of tanks. If this production is comming				er number:			
If this production is comming IV. COMPLETION DATA			New Well Workover	Deepen	Plug Back Sa	me Res'v. Diff. Res'v	
Designate Type of Con	npletion - (X)	Gas Well	X	1	! !		
Date Spudded	Date Compl. Ready to P		Total Depth		P.B.T.D.		
01/16/79	06/01/79		-5609	-5609 Top Oil/Gas Pay		5563 Tuking Depth	
Elevations (DF, RKB, RT, GR,		Name of Producing Formation Top Oil/Gas Pay MESA VERDE 4859			5137		
6513 GL			Depth Casing Shoe				
Perforations 4859-79. 5027-33	3, 5069-74, 5175-81,	5346 - 55	, 5363 - 77, 539	4-99	5604		
1000 100	TUBING,	CASING, AIL	D CEMENTING RECO		SACI	KS CEMENT	
HOLE SIZE	CASING & TUB	ING SIZE	251		250		
13 3/4 8 3/4	7"		3367		200 270		
6 1/4	4.5		5604				
V. TEST DATA AND REQU		· · · · · · · · · · · · · · · · · · ·	the receipt of total ve	olume of load oi	land must be equa	il to or exceed top allo	
V. TEST DATA AND REQUI	EST FOR ALLOWABLE	able for this d	lepth or be for full 24 ho Producing Method (F	urs)	lift, etc.)		
OIL WELL Date First New Oil Bun To To	inks Date of Test		Producing Method (F	iow, pump, ass			
_	Tubing Pressure		Costng Pressure		Choke Size		
Length of Test	. bomy F. ssa				Gas-MCF		
Actual Prod. During Test	Cil-Bbls.		Water-Bbis.			Salve-	
						JUNES	
				- 25	Gravity of Co	raenate	
GAS WELL Actual Prod. Test-MOF/D	Length of Test		Bils. Condensate/M	:MUF		Dia .	
719	3 hours	t-in l	Cosing Pressure (5)	out-in)	Choke Size	The same of the sa	
Testing Method (pitot, back p	810 psig				3/4"		
BACK PRESSURE VI. CERTIFICATE OF COM			01	L CONSERY	VATION COM	MISSION	
			APPROVED	J	UN 2 B 19	19	
I hereby certify that the rul	es and regulations of the Oil	Conservatio crmation give	origin	Original Signed by A. R. Honda			
I hereby certify that the rules and regulations of the Oil Commation given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	SABEDALGUS SIGLESCE # 5				
		TITLE	TITLE				
/	1 2 200		This form i	s to be filed !	in compliance wi		
. V (0'V)	land/la		_ If this is a	request for al	det a tol being	ulation of the devia	

If this is a request for another well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of 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.