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El Paso Exploration Company

Address

P. O. Box 289, Farmington, New Mexico 87401

Person(s) for filing (check proper box)

☐ New Well      Change in Transporter of:      Change Name from Jicarilla 120C #18  
☐ Recompletion      Oil ☐      Dry Gas ☐  
☐ Change in Ownership      Casinghead Gas ☐      Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

### 3. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 120 C	Well No. 21	Pool Name, including Formation S. Blanco Pictured Cliffs	Kind of Lease State/Federal/ or Fee	Lease No. Jic. Cont #120
Location Unit Letter <u>K</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>26N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

## 7. 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)	
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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

### 5. COMPLETION DATA

COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

7. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 7. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Lisco  
(Signature)

Drilling Clerk

(Type)

June 18, 1981

(11418)

## OIL CONSERVATION DIVISION

APPROVED

**JUN 18 1981**

Original Signed by **FRANK T. CHAVEZ**

**TITLE** SUPERVISOR DISTRICT # 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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance 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.