

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

IS OF OIL OR NATURAL GAS	
DISTRIBUTION	
SANTA FE	
PHIL	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

El Paso Exploration Company

Address
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 152 W	Well No. 5	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State , Federal or State	Lease No. Jic. Cont: 152W
Location Unit Letter <u>G</u> ; <u>1810</u> Feet From The <u>N</u> Line and <u>1570</u> Feet From The <u>E</u>				
Line of Section <u>7</u> Township <u>26-N</u> Range <u>5-W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 7 26-N 5-W
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 6-14-80	Date Compl. Ready to Prod. 10-9-80	Total Depth 6215'	P.B.T.D. 6198'					
Elevations (DF, RKB, RT, GR, etc.) 6968' GL	Name of Producing Formation MV.	Top Oil /Gas Pay 5258'	Tubing Depth 6135'					
Perforations 5258, 5264, 5270, 5452, 5456, 5475, 5480, 5585, 5590, 5598, 5765, 5770, 5780, 5785, 5792, 5806, 5814, 5822, 5839, 5864, 5885, 5902, 5949, 6005, 6142'			Depth Casing Shoe 6215'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	227'	224 cu. ft.					
8 3/4"	7"	3855'	205 cu. ft.					
6 1/4"	4 1/2" Liner	3711-6215'	436 cu. ft.					
	2 3/8"	6135'						

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)

Only 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 866	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 827	Casing Pressure (Shut-in)	Choke Size 3/4 variable

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.



Drilling Clerk

October 14, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 23 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE 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 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 Form C-104 must be filed for each pool in multiply completed wells.