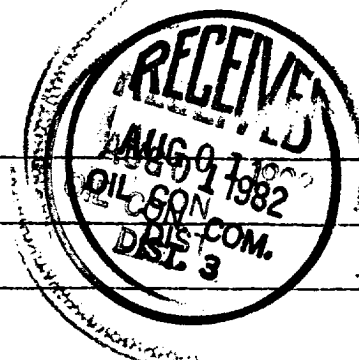


OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



El Paso Exploration Company

Address

Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter oil:

Recompletion ☐

Oil

Dry Gun ☐

Change in Ownership: ☐Castinghead Can ☐

Condensate

Other (Please explain)

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 117E	Well No. 5A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. Jic Cont #1
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>950</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>26N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

2. 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					Box 289, Farmington, New Mexico 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					Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgo.	Is gas actually connected?	When
	E	28	26N	3W		

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

3. 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 6-13-82	Date Compl. Ready to Prod. 7-26-82	Total Depth 6539'				P.B.T.D. 6522'			
Elevations (DF, RAB, RT, CR, etc.) 7308' GL	Name of Producing Formation Mesa Verde	Top Oil Gas Pay 5647'				Tubing Depth 6461'			
647, 5653, 5723, 5729, 5735, 5761, 5766, 5963, 5978, 6008' w/1 SPZ 6058, 6090, 6103, 6124, 6129, 6134, 6148, 6459, 6175, 6180, 6243, 6248, 6256, 6323, 6345, 6405, 6468' w/1 SPZ						Depth Casing Shoe 6539'			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"		9 5/8"		220'		202 cu. ft.			
8 3/4"		7"		4138'		175 cu. ft.			
6 1/4"		4 1/2" Liner		4043-6539'		438 cu. ft.			
		2 3/8" Tubing		6461'					

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	Sble. Condensate/MMCF	Gravity of Condensate
1000	3 Hrs.		
Testing Method (spot, back pr.)	Tubing Pressure (shot-in)	Coating Pressure (shot-in)	Choke Size
Calculated A.O.F.	684	1080	3/4"

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.

D. G. Lisco

~~Drilling Clerk~~ (1111)

~~July 30, 1982~~ (11:42)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by: MARK T. CHAVEZ

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SUPERVISOR DISTRICT # 5

TITLE

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 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. Transmittal Form C-104 must be filed for each well in multiple.