

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BY APPLICANT RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	FILE
OPERATOR	GAS
PERMITS OFFICE	
Operator	

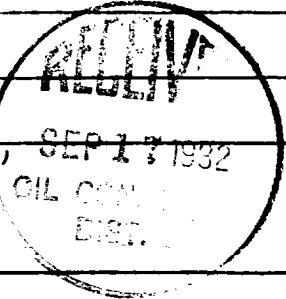
El Paso Exploration Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 120C	Well No. 22	Pool Name, Including Formation S. Blanco Pictured Cliffs	Kind of Lease State/Federal & Fee	Lease No. Jic. Cont #120
Location Unit Letter <u>0</u> : <u>1100</u> Feet From The <u>South</u> Line and <u>1810</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>26N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>29</u>
	Twp. <u>26N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>When</u>	

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

V. 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 7-23-82	Date Compl. Ready to Prod. 9-9-82		Total Depth 3860'		P.B.T.D. 3849'			
Elevations (DF, RKB, RT, GR, etc.) 7199' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3768		Tubing Depth None			
Perforations 3768, 3781, 3785, 3785, 3789, 3799, 3802, 3805, 3808 w/1 SPZ					Depth Casing Shoe 3860			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		304'		248 cu. ft.			
7 7/8"	2 7/8"		3859'		258 cu. ft.			

VI. 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 958 HCF 937 MCF/D	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 656	Choke Size 3/4"

I. 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.

(Signature)

Drilling Clerk

(Title)

September 15, 1982

(Date)

OIL CONSERVATION DIVISION
9-22-82
SEP 22 1982
APPROVED
Original Signed by FRANK T. CHAVEZ

BY _____

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 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 Forms C-104 must be filed for each pool in multiply