| NO. OF COPH'S RECEIVED | | | |
|------------------------|-----|---|-------|
| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | 1 | ارسا: |
| U.S.G.S. | | : | |
| LAND OFFICE | | | : |
| TRANSPORTER | 0:L | | |
| | GAS | | |
| OPERATOR | | | |

11.

III.

IV.

| DISTRIBUTION SANTA FE / | | DNSERVATION COMMISSION FOR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 | |
|--|---|--|---|--|
| U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL | GAS | |
| LAND OFFICE | HIP | | | |
| TRANSPORTER GAS | | BLE | | |
| OPERATOR | ,—— | MAPP | | |
| PROPATION OFFICE | | | | |
| Tenneco Oil Co | ompany | | | |
| Adoress | December Calamada | | | |
| P. OBOX I(L' Reason(s) for filing (Check proper be | t, Durango, Colorado | Other (Please explain) | | |
| New Well | Change in Transporter of: | | | |
| Recompletion | Oil Dry Gas | Effective First Delivery | | |
| Thunge in Ownership | Casinghead Gas Conden | sate | | |
| If change of ownership give name and address of previous owner | | up Gas well | | |
| I. DESCRIPTION OF WELL AND | D LEASE | Includes Franction | Kind of Lease | |
| Lease Name Jicarilla "B" | | ne, Including Formation Undes. Gallup | State, Federal or Fee Federal | |
| Lecation Dicaritta | | ondoor during | | |
| | 650 Feet From The North Line | e and 990 Feet From | n TheEast | |
| 67 | 26 N - | · · | o Arriba County | |
| Line of Section 21 7 | Cownship 20 N Range | 5 W , NMPM, R1 | O Allisa County | |
| I. DESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL GA | S | | |
| Name of Authorized Transporter of C | or Condensate X | Address (Give address to which app | roved copy of this form is to be sent) | |
| Rock Island Oil an | d Refining Casinghead Gas Or Dry Gas X | Address (Give address to which app | rmington, New Mexico roved copy of this form is to be sent) | |
| El Paso Natural Ca | | | rmington, New Mexico | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | When | |
| give location of tanks. | H 21 26 5 | No | On Approval | |
| | with that from any other lease or pool, | give commingling order number: | | |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v | |
| Designate Type of Comple | 1 | X | P.B.T.D. | |
| Date Spudded | Date Compl. Ready to Prod. 6/24/66 | Total Depth 7535 | 7550 | |
| 5/10/65 Elevations (DF, RKB, RT, GR, etc. | | Top Oil/Gas Pay | Tubing Depth | |
| 6555 Gr. | Undes. Gallup | 6702 | 6670 | |
| Perforations | (700 (70) | | Depth Casing Shoe | |
| | 6702 - 6724 | CEMENTING RECORD | | |
| HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 12 1/4" | 8 5/8" | 333 | 150 sx | |
| 7.7/8" | 5 1/2" | 7539 | 150 sx 1st stage | |
| | | | 180 sx 2nd stage 430 sx 3rd stage | |
| V. TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | fter recovery of total volume of load of | oil and must be equal to or exceed top allow | |
| OH WELL | able for this de | epth or be for full 24 hours) | lift, etc.) | |
| Date First New Oil Run To Tanks | Date of Test | R | 573 | |
| Longth of Tost | Tubing Pressure | Casing Pressure | Cha Size | |
| | | Water-Bbls. | CALACE . | |
| Actual Prod. During Test | Oil-Bbis. | Water Balls. | | |
| | | 1 8 3 | | |
| GAS WELL | | 1:08 | To sum of Good | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMOF | Gravity of Condensate | |
| 1598 Testing Method (pitot, back pr.) | 3 hrs. | Casing Pressure | Choke Size | |
| Testing Method (pitot, back pr.) AOF Back Pr. | 114 | Packer | 3/4" | |
| MOI EGON 111 | | OIL CONSER | VATION COMMISSION | |
| /1. UERTHICKTE OF COMPERANCE | | APPROVED DEC | 30 2255 | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | Original Signed | by A. R. Kendrick 19 | |
| | | | | |
| | | TITLE PETROLEUM ENGINEER DIST. NO. 3 | | |

V1

| There 22 Offichols | |
|-----------------------------|--|
| Rarold C. WicholsSignature) | |
| Senior Production Clerk | |
| (Title) | |

11/29/66

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 allow-on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. restrate Forms C-104 must be filed for each pool in multiply exolls.