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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

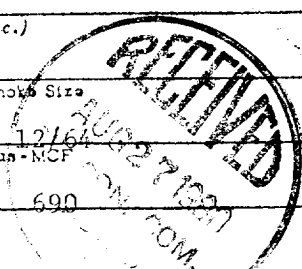
DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla Tribal 396	Well No. 1	Pool Name, including Formation Chacon Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla 396
Location				
Unit Letter <u>A</u> : <u>800</u> Feet From The <u>North</u> Line and <u>970</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>23N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	4775 Indian School Rd, NE, Albuquerque, NM 87110
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 <u>A</u> Sec. <u>8</u> Twp. <u>23N</u> Rge. <u>3W</u> Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-29-80	Date Compl. Ready to Prod. 7-26-80	Total Depth 7633'	P.B.T.C. 7590'
Elevations (OF, RAB, RT, GR, etc.) 7294' CL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6232'	Tubing Depth 7401'
Perforations 7252-7274', 7284-7296', 7362-7370', 6320-6334', 6353-6378', 6422-6440', 6282-6290', 6264-6274', 6232-6250'		Depth Casing Shoe 7633'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.0#	309'	315
7-7/8"	5-1/2", 15.5#	7633'	1830
	2-7/8	7401	

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 7-26-80	Date of Test 8-9-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 26 hours	Tubing Pressure 400 PSIG	Casing Pressure 750 PSIG	Choke Size 1 1/2"
Actual Prod. During Test	Oil-Bbls. 56	Water-Bbls. 35	Gas-MCF 690



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

VI. CERTIFICATE OF COMPLIANCE	
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 E. E. SVORODA (Signature)	
District Administrative Supervisor (Title)	
8-26-80 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>SEP 18 1980</u> , 19	
Original Signed by FRANK T. CHAVEZ	
BY	
TITLE <u>SUPERVISOR DISTRICT 1</u>	
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 completed wells.	