

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator Amoco Production Company	
Address 501 Airport Dr., 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal 396	Well No. 1	Pool Name, including Formation Undesignated Gallup	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>8</u> Township <u>23N</u> Range <u>3W</u> , NMPL, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Incorporated	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26251, Albuquerque, NM 87125					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401					
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:

IV. 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 <u>5-29-80</u>	Date Compl. Ready to Prod. <u>7-26-80</u>		Total Depth <u>7633'</u>		P.B.T.D. <u>7590'</u>			
Elevations (D, RT, GR, etc.) <u>7294' GL</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>6232'</u>		Tubing Depth <u>Commingled with Dakota</u>			
Perforations <u>6232-6250', 6264-6274', 6282-6290', 6320-6378', 6422-6448', Gallup</u>					Depth Casing Shoe <u>7633'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8" 24#</u>		<u>309'</u>		<u>315 SX</u>			
<u>7-7/8"</u>	<u>5-1/2" 15.5#</u>		<u>7633'</u>		<u>1830 SX</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil or gas; must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>7-26-80</u>	Date of Test <u>12-08-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>50 PSIG</u>	Casing Pressure <u>---</u>	Choke Size <u>12/64</u>
Actual Prod. During Test	Oil - Bbls. <u>8</u>	Water - Bbls. <u>2</u>	Gas - MCF <u>398</u>

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 Division 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
F. R. SVOBODA

District Administrative Supervisor

April 29, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 9 1982, 19

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT #3This 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 multiple completed wells.