

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 31 1984
OIL CON. DIV. 1
DIST. 3

I. Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate To change pool name, change per order R-7495, dated 5-14-84.

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 West Lindrith Gallup-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>8</u> Township <u>23N</u> Range <u>3W</u> , NMPM, Rio Arriba 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, Inc.	Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd NE, Albuquerque, NM
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EPC	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 - Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When A 8 23N 3W <input checked="" type="checkbox"/> 4-30-81

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

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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 is true and complete to the best of my knowledge and belief.

Original Signed By
B. D. Shaw

(Signature)

Administrative Supervisor

(Title)

May 25, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 31 1984, 19_____
BY Original Signed By FRANK T. HAVAZ
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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 5-29-80	Date Compl. Ready to Prod. 7-26-80	Total Depth 7633'			P.B.T.D. 7590'				
Elevations (DF, RKB, RT, GR, etc.) 7294' GL	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'-6448', 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'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top hole 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 hrs	Tubing Pressure 400 psig	Casing Pressure 750 psig	Choke Size 12/64	
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/MCF	Gravity of Condensate
Testing Method (prod, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size