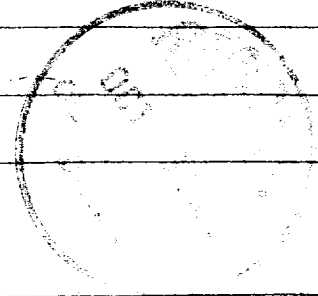


REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Handwritten initials "A" and "H" with a checkmark.



DISTRIBUTION:		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal 396	Well No. 2	Pool Name, including Formation Chacon Dakota	Kind of Lease State, Federal or Fee Federal	Jicarilla Tribal 396
Location				
Unit Letter P	1120	Feet From The South	Line and 820	Feet From The East
Line of Section 8	Township 23N	Range 3W	NMPM, Rio Arriba	County

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) P. O. Box 26251 Albuquerque, NM 87125					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	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 P	Sec. 8	Twp. 23N	Age. 3W	Is gas actually connected No	When

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 3079

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-23-82	Date Compl. Ready to Prod. 7-8-82	Total Depth 7793'	P.B.T.D. 7756'					
Elevations (DF, RKB, RT, CR, etc.) 7506' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7444'	Tubing Depth 7654'					
Perforations 7552-7564', 7470-7480', 7444-7462', 2 JSPF			Depth Casing Shoe 7792'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	329'	315					
7-7/8"	5-1/2"	7555'	2000 1770					
	3-1/2" Liner	Top 7506' Btm. 7756'	100					
Tubing	2-7/8"	7654'						

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 6-30-82	Date of Test 9-21-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 210 psi	Casing Pressure	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 16	Water - Bbls. 20	Gas - MCF 571

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

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
B.T. Roberson

Administrative Supervisor

10-5-82

OIL CONSERVATION DIVISION

APPROVED OCT 06 1982, 19__

BY Origin if Signed by FRANK T. CHAVEZ

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 Form 10-124 must be filed for each new or recompleted well.