

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Dr., Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Redemption	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal 396	Well No. 5	Pool Name, including Formation West Lindrith GP-DK (x),	Kind of Lease State, Federal or Fee Federal	Lease No. JT 396
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</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) P. O. Box 489, Bloomfield, N M 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N M 87499
If well produces oil or liquids, give location of tanks. Unit <u>K</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: _____

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

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

Original Signed By
B. D. Shaw

(Signature)

Adm. Supervisor

(Title)

8-24-84

(Date)

OIL CONSERVATION DIVISION

AUG 31 1984

APPROVED _____

Original Signed by FRANK T. CHAVEZ

BY _____

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 Resv.	Diff. Resv.
Date Spudded 6-2-84	Date Compl. Ready to Prod. 8-2-84		Total Depth 7739'		P.B.T.D. 7650'				
Elevations (DF, RKB, RT, GR, etc.) 7455' GR	Name of Producing Formation West Lindrith GP-DK		Top Oil/Gas Pay 6324'		Tubing Depth 7480'				
Perforations 7486'-7472', 7394'-7368', 6558'-6520', 6484'-6426', 6404'-6324'						Depth Casing Shoe 7739'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24#		349'		378 cu.ft.				
7-7/8"	5-1/2", 15.5#		7739'		372 cu.ft.				
	2-7/8"		7480'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead 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 8-5-84		Date of Test 8-6-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 200 psi	Casing Pressure 600 psi	Choke Size 21/64	
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 30	Gas - MCF 345	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size