STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Amoco Production Company

Address

501 Airport Dirve, Farmington, NM 87401

Reason(s) for filing *(Check proper box)*

[X] New Well

[ ] Recompletion

[ ] Change in Ownership

Change in Transporter of:

[ ] Oil

[ ] Casinghead Gas

[ ] Dry Gas

[ ] Condensate

Other *(Please explain)*

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OIL C....
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Tribal 396	9	West Lindrith Gallup Dakota	State, Federal or Fee ~~Federal~~	JT 396

Location

Unit Letter __I__ : __1950__ Feet From The __South__ Line and __980__ Feet From The __East__

Line of Section __7__ Township __23N__ Range __3W__ , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Permian Corporation	P.O. Box 1702, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	7	23N	3W	No	

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)

Administrative Supervisor
(Title)

1/18/85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ FEB 05 1985 19___

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/11/84	~~10/9/84~~ 11-10-84	7602'	7560'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7445' GR	Gallup & Dakota	6306'	7480'

Perforations	Depth Casing Shoe
7394'-7374', 7486'-7472', 6464'-6410', 6540'-6506', 6390'-6306'	7602'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#	294'	372 c.f.
7-7/8"	5-1/2", 15.5#	7602'	3567 c.f.
	2-7/8"	7480'	

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 allowable for this depth or be for full 24 hours)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/15/84	11/21/84	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	210 psig	210 psig	32/64"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	50	5	92

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size