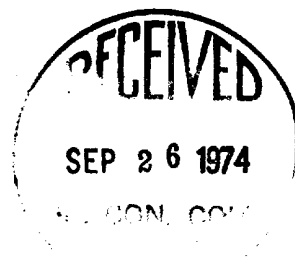


TABULATION OF DEVIATION TESTS
JICARILLA APACHE TRIBAL 125 NO. 1
AMOCO PRODUCTION COMPANY

<u>DEPTH</u>	<u>DEVIATION</u>
150'	1/4°
425'	1/4°
927'	1/2°
1458'	1/2°
1738'	1/2°
2266'	3/4°
2793'	1-1/4°
3328'	1°
3528'	1-1/4°
4074'	1-1/4°
4590'	3/4°
5090'	3/4°
5667'	1°
6133'	1-1/4°
6631'	1-1/4°
7375'	1-1/4°



A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S Jicarilla Apache Tribal 125 Well No. 1 located 800' FSL & 830' FWL, Section 35, T-25-N, R-4-W, Rio Arriba County, New Mexico.

Signed G. L. Hamilton
Title Area Adm. Supvr.

THE STATE OF NEW MEXICO)
) SS.
COUNTY OF SAN JUAN)

BEFORE ME, the undersigned authority, on this day personally appeared G. L. Hamilton known to me to be Area Adm. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 26th day of September, 1974.

Chas. P. Brown
Notary Public

My Commission Expires: December 28, 1975

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

I. Operator **AMOCO PRODUCTION COMPANY**

Address **501 Airport Drive, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache Tribal	Well No. 125 1	Pool Name, Including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Indian	Lease No. 125
Location Unit Letter M ; 800 Feet From The South Line and 830 Feet From The West Line of Section 35 Township 25-N Range 4-W , 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 108, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 750, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 35	Twp. 25N	Pge. 4W
Is gas actually connected?		When 9-29-74		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-18-74	Date Compl. Ready to Prod. 12-1-74		Total Depth 7712'		P.B.T.D. 7670'			
Elevations (DF, RKB, RT, CR, etc.) 6968' KB	Name of Producing Formation Dakota-Gallup		Top Oil/Gas Pay Gal. 6502', Dak. 7403'		Tubing Depth 7623'			
Perforations Gal. 6515-20, 6527-30, 6548-52, 6565-79 x 1 SPF.					Depth Casing Shoe 7712'			
Dak. 7408-12, 7417-26, 7436-42, 7473-79, 7560-66, 7590-7601, 7608-12 x 1 SPF								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 4-1/2" 2-3/8"		DEPTH SET 412' 7712' 7623'		SACKS CEMENT 300 sx 1625 sx			

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)

Date First New Oil Run To Tanks 11-22-74	Date of Test 12-1-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16 hrs.	Tubing Pressure 350	Casing Pressure 600	Choke Size Open Flow
Actual Prod. During Test 75	Oil-Bbls. 63	Water-Bbls. 12	Gas-MCF 1723

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

GL Hamilton
(Signature)
Area Adm. Supvr.
(Title)
December 5, 1974
(Date)

OIL CONSERVATION COMMISSION

DEC 6 1974

APPROVED _____
BY _____
TITLE _____

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.