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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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.

API 30-039-21911

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Indian	Lease No.
Lease Name	Well No.	State, Federal or Fee		Jicarilla
Jicarilla Apache Tribal 124 #1	Jindrith Gallup Dakota West			Contract 124
Location				
Unit Letter	L	1850	Feet From The	South
			Line and	790
			Feet From The	West
Line of Section	23	Township	T-25--N	Range
			R-4-W	, NMPM, Rio Arriba
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Box 108 Farmington, NM 87401	
Plateau, Inc.		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		P.O. Box 1899 Bloomfield, NM 87413	
Southern Union Gathering Company			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	L	23	25N
			4W
			No

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
11/10/78	2/7/79	8000'		7869'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
7002' GL, 7015' KB	Gallup Dakota	6706'		7788'					
Perforations			Depth Casing Shoe						
6706-7780'			8000'						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	322'	210
7-7/8"	5-1/2"	8000'	1476
	2-3/8"	7788'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/7/79	2/7/79	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	1845 psig	1265 psig	None
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	140	125	590

GAS WELL		Bble. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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 Commission 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  
(Signature)  
District Administrative Supervisor  
(Title)  
2/22/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 23 1979

Original Signed by FRANK T. CHAVEZ

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST #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