In. OF COPIES SECTIVED		14	
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SANTA FE		7	
IILL		17	17
U.5.G.5.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	17	
OPERATOR		\coprod	
PROPATION OFFICE			
Character			

11.

	SANTA FE FILL U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (
1.	PROPATION OFFICE	<u> </u>		API 30-039-21944					
	AMOCO PRODUCTION COMPANY Address								
	501 Airport Drive Farmington, NM 87401								
	Reason(s) for filing (Check proper box) Othe (Please explain)								
	New We!1 (A.)	Change in Transporter of: Oil Dry Ga							
	Change in Ownership	Casinghead Gas Conden	≒ 1 ·						
	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									
	Jicarilla Gas Com 35	Tribal DP #35A							
	Unit Letter L ; 16	50 Feet From The South Lin	e and 104) Feet From						
		0/1	Ett NADA ' D'	A 11					
	Line of Section 12 Tov	wnship 24N Range	5W , NMPM, Ric	Arriba County					
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro	and copy of this form is to be sent!					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give Idaress to which appro	bed copy of this form is to be sent/					
	Name of Authorized Transporter of Cas	Negre of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which							
	50%-Northwest Pipeline 50%-Uncommitted		P.O. Box 90 Farmingto	on, NM 87401					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en					
	<u> </u>	th that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·						
	COMPLETION DATA	Con Wall Con Wall	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completic	on - (X)	X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	2/12/79 Elevations (DF, RKB, RT, GR, etc.)	4/18/79 Name of Producing Formation	7150 Top Oil/Gas Pay	7115 Tubing Depth					
	6687' GL, 6700' KB	1	6946'	7006'					
	Perforations			Depth Casing Shoo 7159'					
	6946'-6998', Dakota	TUBING, CASING, AND	CEMENTING RECORD	/15/					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	12-1/4"	8-5/8" 4-1/2"	414 ¹ 7159 '	300 sx 1730 sx					
	7-7/8"	2-3/8"	7006'						
1. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exable for this depth or be for full 24 hours)									
	Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas l	ift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Langua de 1990.								
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gay-MOF					
	GAS WELL		Bbls. Condens ste/MMCF	Ghavity of Condensate					
	Actual Prod. Test-MCF/D 1098	Length of Teet 3 hours	Bols. Cordens ste/MMCr	GRAVITY OF CONCENTRATE					
	Testing Method (pitot, back pr.)	Tubing Proseure (Shut-in)	Casing Pressure (Shut-in)	Choke \$1xe . 75"					
	Back Pressure	1900	1902						
٠.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION						
	I hereby certify that the rules and	regulations of the Oil Conservation	1						
Commission have been complete to the heat of my knowledge and belief.			TITLE SUPERVIOR DESCRIPTION This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
						able on new and recompleted w	All sections of this form must be filled out completely for silow- sble 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 filled for each pool in multiply			