HO. DF COPIES RECE	1v#n	_	į.	
DISTRIBUTION				
SANTAFE			Ц	
IILE			_	
U.S.G.S.		<u>i</u> _'	_	
LAND OFFICE		_		
IRANSPORTER	OIL	L.		
	GAS		L	
DPERATOR		17]
		T		T .

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTAFE	REQUEST F	OR ALLOWABLE	Effective 1-1-65
TILE		AND ISPORT OIL AND NATURAL GA	α α
U.S.G.S.	AUTHORIZATION TO TRAIN	13FORT OIL AND HATOKILE OF	RIV'
LAND OFFICE			(0°
TRANSPORTER GAS		•	
OPERATOR			
PROPATION OFFICE			
Operator			
Amoco Production Compan	19		·
501 Airport Drive Farm	mington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)	a out Tenting Allow-
New Well	Change in Transporter of:		rels Oil Testing Allow-
Recompletion	CII Dry Gos	<u>~ </u>	
Change in Ownership	Casinghead Gas Condens	sale []	
dive name			
If change of ownership give name and address of previous owner			
	FAST	Kind of Lease	Lease No.
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	otwarrou	lor Fee Indian 148
Jicarilla Contract 148	17 Otero-Gallup	Sidio, . edet	indian 1 140
		e and 870Feet From '	The East
Unit Letter I : 152	O Feet From The South Lin	e and 870 Feet rom	The
Onn Lene.	0.537		Rio Arriba County
Line of Section 15 Town	nship 25N Range	···	
I. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which appro	
Plateau Inc.			
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (other date)	
•	Page	Is gas actually connected? Wh	nen
If well produces oil or liquids,	Unit Sec. Twp. Fige.	1	
1		give commingling order number:	
If this production is commingled wit	h that from any other lease of poor,	Ter Well Workeyer Deepen	Plug Back Same Res'v. Diff. Res'v.
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Completion	on = (X) X	X Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	7800 ·	7300'
5179		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing*Formation	6436'	6939'
6888'GL, 6901'KB	Gallup		Depth Casing Shoe
Perforations 6436-6550', 6700-6798			
0430-0730 , 0700-0730	I UBING, CASING, AL	ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	324'	250
12-1/4"	9-5/8"	7800	1225
8-3/4"	1	7800	
	OD AT YOUARIE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allow
V. TEST DATA AND REQUEST F	OR ALLOWABLE able for this	depth or be for full 24 hours) Producing Method (Flow, pump, gas	
OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (From, pump,	
Sale / Hat How Sale		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
	Oil-Bbis.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	OII-BBIE.		
- 40 MWW		ANGE.	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
ACCES 1		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
		OIL CONSER	VATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	0,2 00,13	19
	*	APPROVED	
I hereby certify that the rules and	iregulations of the Oil Conservation with and that the information given he best of my knowledge and belie	en Uniginal Slaudi	Contract of A
Commission have been complied	with and that the information gro- he best of my knowledge and belie	SUPERO	SOR DETRE 1 F A
EUGIC IS MAD SITE) TITLE	
Au	,	This form is to be filed	in compliance with RULE 1104.
·		11	llowable for a newly drilled or deepen mounted by a tabulation of the deviati
1/18/2/	AM	If this is a request for a	monded by a tabulation of the device.
Juice	and we have	well, this form must be acced	madence with BULE 111.
- Just	(and and and and and and and and and and	well, this form must be account to tests taken on the well in a	ccordance with RULE 111. must be filled out completely for allo
Administrative S	Supervisor	well, this form must be account tests taken on the well in a All sections of this form able on new and recomplete	ccordance with RULE 111. n must be filled out completely for allowells.
Administrative S	=	well, this form must be set tests taken on the well in a All sections of this form able on new and recomplete Fill out only Sections	ccordance with RULE 111. In must be filled out completely for allowed wells. I. II. III. and VI for changes of own apprent or other such change of conditions.
Administrative S	Supervisor	well, this form must be set tests taken on the well in a All sections of this form able on new and recomplete Fill out only Sections	ccordance with RULE 111. n must be filled out completely for all desired.