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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	#
OPER. FOR		
PROBATION 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

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:	Approval will expire 1/21/80
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

For testing only

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

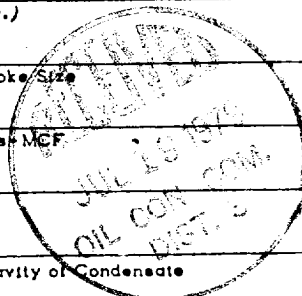
Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Contract 148		18	Basin Dakota	State, Federal or Fee Jicarilla	Contract
Location		148			
Unit Letter	F	1850	Feet From The North Line and	1590	Feet From The West
Line of Section	23	Township	25N	Range	5W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.				P.O. Box 108 Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					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.					
4/9/79		7700'		7668'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
6815' GL 6828' KB	Dakota	7354'		7598'					
Perforations	Depth Casing Shoe								
7354'-7421', 7466-7541', 7587-7577'	7700'								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/2"	9-5/8"	322'		250 sx					
7-7/8"	5-1/2"	7700'		1295 sx					
	2-3/8"	7598'							

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



GAS WELL		Bbls. 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
E. E. SVOBODA
(Signature)
District Administrative Supervisor
(Title)
7/18/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 23 1979**, 19____

BY **Original Signed by FRANK J. HAVESZ**

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 completed wells.