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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

Operator Amoco Production Company	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" 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			
Lease Name Jicarilla 148	Well No. 18	Pool Name, Including Formation Otero Chacra	Kind of Lease State, Federal or Fee Federal
Location			Lease No. 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	4775 Indian School Rd NE, Albuquerque, NM 87110
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 23 25N 5W No

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
	X X X X X X
Date Spudded 4-9-79	Date Compl. Ready to Prod. 5-17-80
Total Depth 7700'	P.B.T.D. 4050'
Elevations (DF, RAB, RT, GR, etc.) 6815' GL	Name of Producing Formation Chacra
Top Oil/Gas Pay 3885'	Tubing Depth 7196'
Perforations 3885-3902'	Depth Casing Shoe 7700'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12-1/4"	9-5/8" 40#
7-7/8"	5-1/2" 17#
	2-3/8" 4.7#
DEPTH SET	SACKS CEMENT
322'	250
7700'	1295
7196'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
(Test must be after recovery of total volume of load oil and must be at least 24 hours before 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	
Actual Prod. Test-MCF/D	Length of Test
802	3 hours
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)
back pressure	532 psig
Casing Pressure (shut-in)	Choke Size
535 psig	.75

I. 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.	
(Signature)	
Administrative Supervisor	
(Date)	
7-22-80	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED AUG 26 1980 , 19	
BY Original Signed by FRANK T. HAYEZ	
SUPERVISOR DISTRICT # 3	
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.	