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DISTRIBUTION				
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FILE		1		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		$\Gamma T$		

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API 30-039-22085 PRORATION OFFICE Operator Amoco Production Company Address 501 Airport Drive Farmington, NM Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Jicarilla 2E Basin Dakota Indian Jicarilla Contract 147 State, Federal or Fee Contract Location 147 ; 1450 Feet From The South Line and 1190 Unit Letter Feet From The East Township 25N Range 5W , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Plateau, Inc.
Name of Authorized Transporter of Casinghead Gas or Dry Gas 4775 Indian School Rd., NE, Albuquerque 87110 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413 Gas Company of New Mexico Twp. P.ge. Unit Sec. Is gas actually connected? If well produces oil or liquids, give location of tanks. 25N 5 5W No Approximately 30 days If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oli Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Deeper Plug Back Designate Type of Completion - (X) Date Compl. Ready to Prod. 8-5-79 10-11-79 7500 7446 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 6673' GL Dakota 7089 7288 Perforations Depth Casing Shoe 7089-7<del>227</del> 7277 7500 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8-5/8" 24 # 12-1/4" 308 325 sx7-7/8" 4-1/2" 11.6# 7546 1695 sx (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size, Tubing Pressure Casing Pressure Length of Test Ott-Bbls. Water - Bbls. Actual Prod. During Test Ggs - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condendate 3 hours
Tubing Pressure (Shut-in) 576 Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size .75" <del>590</del>-1419 Back Pressure 48 OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED JAN 1 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.

	Cresniqi Signad By	
	E. E. SVOBODA	
	(Signature)	
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District Administrative Supervisor (Title)

> 1 - 8 - 80(Date)

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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. Canacata Forms C-104 must be filed for each and in multiple