		1 .	5 1
DISTRIBUTION		Τ,	
SANTA FE		1	
FILE		17	1
U.S.G.S.		1	
LAND OFFICE		1	
TRANSPORTER	OIL	17	
	GAS	1	
OPERATOR		1	
		1	1

District Administrative Supervisor (Title)

1/3/80

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(Date)

+	<u> </u>		1		
DISTRIBUTION	NEW MEXICO OIL	DIL CONSERVATION COMMISSION Form C-104			
SANTA FE /		TOTAL 14 A			
FILE /	WE GOE'S	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65			
U.S.G.S.	AUTHODIZATION TO TE	CITO			
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSBORTER OIL /					
TRANSPORTER GAS /	-	•			
OPERATOR ,					
PRORATION OFFICE		A	PI 30-039-2208 6		
Operator	· · · · · · · · · · · · · · · · · · ·				
Among Production Co					
Amoco Production Co	мирану				
503 44	T				
Reason(s) for filing (Check proper	Farmington, NM 87401				
New Well X	•	Other (Please explain)			
Recompletion	Change in Transporter of:				
Change in Ownership	Oil Dry C	= 1			
Change in Ownership	Casinghead Gas Cond	ensate			
If change of ownership give name	_				
and address of previous owner					
II. DESCRIPTION OF WELL AN		· 			
Lease Name	Well No. Pool Name, Including	Formation Kind of L	ease Lease No.		
Jicarilla Contract 14	7 3E Basin Dakota	a. State, Fed	deral or Fee Indian Jicarilla		
Location			Contract		
Unit Letter P :	970 Feet From The South L	ing and 11/0	147		
	7777 1 det 1 fom 1 me	rie did <u>LI4U</u> Feet Fro	om The EdSL		
Line of Section 6	Township 25N Range	5W , NMPM,	Rio Arriba		
		, INVIEW,	County		
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
Plateau, Incorporated			-		
Name of Authorized Transporter of	Casinghead Gas 🔼 or Dry Gas	Address (Give address to which as	l., NE, Albuquerque 87110		
t _		Address (Give address to which approved copy of this form is to be sent)			
Gas Company of New Me		P.O. Box 1899, Bloomfield, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		When.		
give rocation of talks.		No	Approximately 30 days		
If this production is commingled	with that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA		-			
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	X	X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
8-24-79	11-25-79	7450	7417		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
6638' GL	Basin Dakota	7041	7365		
Perforations	Dasin Dakota	7041	Depth Casing Shoe		
70/1-70/01 7171-7170	', 7214-7218', 7344-7362'				
7041-7049 , 7171-7179			7450		
HOLE SIZE		D CEMENTING RECORD			
	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8", 24.0#	314	315 sx		
7-7/8"	4-1/2", 11.6#	7460	1660 sx		
	2-3/8"	7365			
	<u> </u>	<u> </u>			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top allow-		
OIL WELL	able for this di	epth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
			The second second		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gge - MCF		
<u> </u>					
GAS WELL			The series of		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	I comment to the second		
		Date: Goldensate/MMCF	Granty of Condensate		
959 Testing Method (pitot, back pr.)	3 hours	Contra D			
	Tubing Pressure (ghut-in)	Casing Pressure (Shut-in)	Choke Size		
Back Pressure	1405	1410	.75		
I. CERTIFICATE OF COMPLIA	NCE :	OIL CONSERV	ATION COMMISSION		
		JAN 1			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JAN 1	′ 130U, 19		
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.		H	T (98/C7		
		BY Original Signed by FRACK T. CHAVEZ			
		SUPERVISOR DISTRICT #	± 3		
,	St.a	TITLE			
Ongar Dignal	and the second s	This form is to be filed in	compliance with RULE 1104.		
E. E. SVOBODA	S	1 1 ·			
(Signature)		If this is a request for allowable for a newly drilled or deepened			

well, this form must be accompanied by a tabulation of t 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.

Secreta Forms C-104 must be filed for each cool in multiply