

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.O.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

|  |  |
|--|--|
| Operator<br>Amoco Production Company               |  |
| Address<br>501 Airport Drive, Farmington, NM 87401 |  |
| Reason(s) for filing (Check proper box)            | Other (Please explain)   |
| New Well <input type="checkbox"/>                  | Change in Transporter of:  |
| Recompletion <input type="checkbox"/>              | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                          |
| Change in Ownership <input type="checkbox"/>       | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

|   |                |  |   |   |
|---|----------------|--|---|---|
| Lease Name<br>Jicarilla Contract 147  | Well No.<br>3E | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>Jicarilla<br>Contract<br>147 |
| Location<br>Unit Letter <u>P</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1140</u> Feet From The <u>East</u> |                |  |   |   |
| Line of Section <u>6</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County                           |                |  |   |   |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |            |
|---|---|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Giant Industries, Inc.            | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 256, Farmington, NM 87401  |            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1899, Bloomfield, NM 87413 |            |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>P   | Sec.<br>6  |
|   | Twp.<br>25N   | Rge.<br>5W |
|   | Is gas actually connected? When   |            |

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

## IV. COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |             |              |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

V. 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                               |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |

## GAS WELL

|                                   |                           |                           |
|-----------------------------------|---------------------------|---------------------------|
| Actual Prod. Test-MCF/D           | Length of Test            | Bbls. Condensate/MMCF     |
| Testing Method (piston, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) |

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.Signed by  
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

10-30-81

## OIL CONSERVATION DIVISION

OCT 30 1981

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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 allow-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,  
well name or kind of transporter, or other such change of condition.  
Separate forms must be filed for each pool in a deviated