	DISTRIBUTION		CONSERVATION COMM	SSION	Form C-104		
	FILE	FOR ALLOWABLE		Supersedes Old C-104 and C-1 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	AND ION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	LAND OFFICE AND NATURAL GAS					
	TRANSPORTER OIL &						
	OPERATOR /	wrose	les 1		•		
1.	PRORATION OFFICE			3	0-039-2	2140	
	Amoco Production Comp	any					
	501 Airport Drive Farmington, NM 87401						
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of:						
	Recompletion Oil Dry Gas						
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner					•	
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including I	Formation	Kind of Lease			
	Jicarilla Apache Triba	, i		State, Federal or Fe	. Indian	Jicarill Contract	
	Location					124	
-	Unit Letter K.J.; 1	850 Feet From The East Li	ne and 1850 .	Feet From The	South	.1	
	Line of Section 13 To	cwnship 25N Range	4W , NMPM,	Rio A	rrib a	County	
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS Address (Give address to	which approved cop	y of this form is t	o be sent)	
	Plateau, Inc. 4775 Indian School Rd., NE, Albuquerque, NM 8 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
	Gas Company of New Mexico P.O. Box 1899, Bloomfield NM 87/13						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge	. Is gas actually connected	7 When	oximately 3	30 days.:::	
]	If this production is commingled w	ith that from any other lease or pool,				<u> </u>	
	Designate Type of Completion -(X) Gcs Well-		New Well Workover	Deepen : Plug	Back Same Res	'v. Diff. Res'v.	
Ì	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	r.D.	i	
-	9-6-79	11-16-79	8229		8170		
	Elevations (DF, RKB, RT, GR, etc.)	1	Top Oll/Gas Pay	Tubir	ng Depth 7939		
-	7088 GL Ojito Gallup-Dakot				epth Casing Shoe		
	6863-6982', 7034-7170	1		822 0			
-			CEMENTING RECORD				
-	12-1/4"	CASING & TUBING SIZE 8-5/8", 24.0#	DEPTH SET	-	SACKS CEM	ENT	
F	7-7/8"	5-1/2" 17 0#	309 8220		315 sx 2015 sx		
	7 770	5-1/2", 17.0# 2-3/8"	7952		2013 3X		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. WELL able for this depth or be for full 24 hours)						
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
	11-30-79	1-24-80	Pumping				
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size		
	24 hours Actual Prod. During Test	120 Oil-Bbls.	120 Water-Bbls.	Sec.	ICE IT IN		
		62	10		the A CO	\	
C	GAS WELL		·	***	p 71980	1	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	CANA	CON. COM.		
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-i		BE 1. 3	/	
∟ 1. C	ERTIFICATE OF COMPLIANCE	CE.	011 0	NSERVATION	COMMISSION	J	
			Ka	MAR 7 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.			BY Original Signed by FRANK T. CHAVEZ TITLE 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 conditional sections.

Secreta Forms Calleymost has filled former by realizing multiples.

(Signature)

(Title)

(Date)

District Administrative Supervisor

3-5-80 € -