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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRODUCTION 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-11
Effective 1-1-65

B.K.

API 30-039-22141

I.

Operator Amoco Production Company	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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 type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache Tribal 124	Well No. 2	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Indian	Lease No. 124
Location				
Unit Letter F ; 1710 Feet From The North Line and 1760 Feet From The West				
Line of Section 23 Township 25N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 871	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 87413	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23
	Twp. 25N	Pge. 4W
	Is gas actually connected? No	

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

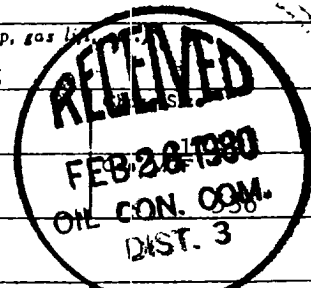
IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-12-79	Date Compl. Ready to Prod. 2-13-80	Total Depth 8105'		P.B.T.D. 8002'					
Elevations (DF, RKB, RT, CR, etc.) 7094' GL, 7107' KB	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 6811'		Tubing Depth 7973'					
Perforations 6811-6928', 6978-7118', 7707-7906'		Depth Casing Shoe 8105'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24.0#		333'		315				
7-7/8"	5-1/2", 17.0#		8105'		1990				
	2-3/8", 4.7#		7973'						

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 1-30-80	Date of Test 2-12-80	Producing Method (Flow, pump, gas lift) Pumping
Length of Test 24 hours	Tubing Pressure 150 PSIG	Casing Pressure 100 PSIG
Actual Prod. During Test	Oil - Bbls. 91	Water - Bbls. 2



GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Quality of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Original
E. E. SVOBODA
(Signature)

District Administrative Supervisor
(Title)

2-22-80

(Date)

OIL CONSERVATION COMMISSION
MAR 21 1980

APPROVED _____, 19

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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.