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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-110  
Effective 1-1-65

B.R.

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

Lease Name Jicarilla Apache Tribal 124		Well No. 4	Pool Name, Including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Jicarilla Contract No. 124
Location Unit Letter J : 1650 Feet From The South Line and 1850 Feet From The East					
Line of Section 23 Township 25N Range 4W, NMPM, Rio Arriba County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau Incorporated		Address (Give address to which approved copy of this form is to be sent) 4775 Indian School Rd., NE, Albuquerque, NM 87110	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 25N
			Rge. 4W
		Is gas actually connected? No	

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

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 5-21-80	Date Compl. Ready to Prod. 7-24-80	Total Depth 7846'		P.B.T.D. 7799'					
Elevations (DF, RKB, RT, CR, etc.) 6974' GL	Name of Producing Formation Lindrith Gallup-Dakota	Top Oil/Gas Pay 6842'		Tubing Depth 7721'					
Perforations 7748-7770', 7574-7580', 7589-7600', 7630-7634', 6972-6994', 6930-6954', 6892-6904', 6872-6884', 6862-6866', 6842-6854', 6672-6674', 6682-6694', 6708-6728', 6740' =TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 7846'							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24.0#		302'		315				
7-7/8"	5-1/2", 15.5#		7846'		1515				
	2-7/8"		7721'						

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 7-25-80	Date of Test 7-27-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 225 PSIG	Casing Pressure 800 PSIG	Choke Size 24/64
Actual Prod. During Test	Oil-Bbls. 100	Water-Bbls. 144	Gas-MCF 294

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				

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 Signed by  
E. E. SVONOGA  
(Signature)

District Administrative Supervisor  
(Title)

8-18-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 7 1980, 19 \_\_\_\_\_

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.