

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BY RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 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

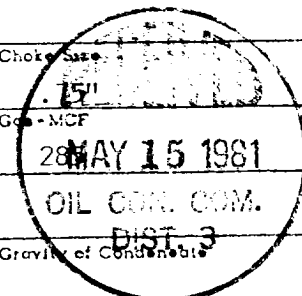
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla Apache Tribal 125	Well No. 8	Pool Name, Including Formation Lindrith Gallup - Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Contract 125
Location Unit Letter <u>G</u> : <u>1840'</u> Feet From The <u>North</u> Line and <u>1800'</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251, Albuquerque, NM 87425					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Co. 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 1	Sec. 23	Twp. 25N	Rge. 4 W	Is gas actually connected? No	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 <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"/> Some Rest'y. <input type="checkbox"/> Diff. Rest'y. <input type="checkbox"/>		
Date Spudded 5/26/80	Date Compl. Ready to Prod. 12/17/80	Total Depth 7966'	P.B.T.D. 7910'
Elevations (DE, RKB, RT, GR, etc.) 7041' GL	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 7583'	Tubing Depth 7044'
Perforations 7588-7768	Depth Casing Shoe 7956'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	307'	315 SX
7 7/8"	5 1/2"	7956'	1375 SX
	2 7/8"	7044'	

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 9-24-80	Date of Test 5-12-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure	Choke Size 15"
Actual Prod. During Test	Oil-Bbls. 148	Water-Bbls. 8	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION MAY 15 1981	
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.		APPROVED _____, 19____ Original Signed by FRANK T. CHAVEZ BY _____ SUPERVISOR DISTRICT # 3 TITLE _____	
Original Signed By E. E. SVOBODA District Administrative Supervisor (Signature) 5-14-81 (Date)		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. Any change of condition must be filed for each pool in which it	