OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B.K

	1720	}	
DISTRIBUTION			
SANTA FE		_	
FILE			
W.S.U.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
GPERATOR			
PROMATION OFF	ICE		

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	GAS GPERATOR								
1.	PROMATION OPPICE (J. ratio)								
	AMOCO PRODUCTION	COMPANY			· · · · · · · · · · · · · · · · · · ·				
	501 Airport Drive Farmington NM 87401								
	501 Airport Drive, Farmington, NM 87401 Ceason(s) for filing (Check proper box) Ciher (Please explain)								
	New Welt	Change in Transporter of:							
Recompletion Cil Dry Gas									
	Change in Ownership	Castrighead Gas Conde	nadle []			J			
	If change of ownership give name and address of previous owner					·			
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Townsties V	ind of Lease		Lease No.			
	Lease Name Jicarilla Apache Tribal	· • • • • • • • • • • • • • • • • • • •			· Fee Federal	icarilla			
	Location					Contract 125			
Unit Letter J : 1765 Feet From The South Line and 1690 Feet From The									
	26	25N		, NMPM, Rio Anniba County					
	Line of Section Tov	vnship Range	, Nicess,						
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	1S		i anno al altin lorm in la)			
	Name of Authorized Transporter of Off	Address (Give address to which approved copy of this form is to be sen P. O. Box 26251, Albuq., NM 87125				, be sem,			
Plateau Incorporated P. O. Box Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Size ad				address to which approved copy of this form is to be sent)					
	Gas Company of New Mexi	co	P. O. Box 1899, Bloomfield, NM 87413						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 26 25N 4W	is gas actually connected	? When					
	If this production is commingled wit	th that from any other lease or pool,	give commingling order n	iumber:					
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover	Deepen I	Plug Back Same Res	v. Diff. Res'v.			
	Designate Type of Completion		X	 	P.B.T.D.				
	Date Spudded 5/31/80	Date Compl. Ready to Prod. 8/12/80	Total Depth 7982		7932'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay		Tubing Depth				
	7018' GL	Gallup/Dakota	6734'	7004	7825 Depth Casing Shoe				
	Perforations 7788-7824, 76, 7022 6973-6972, 6952-69	Perforations 7788-7824, 7678-7684, 7630-7644, 7615-7626, 7337-7072, 7004-7022, 6973-6972, 6952-6965, 6932-6947, 6903-6926,6847-6352, 6832-6840, 7982'							
	6322-6328, 0302-6818,6774-6786, Tubing, Casing, and Cementing Record 6746-6752, 6734-6736								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEM 315 SX	ENT			
	7 7/8"	8 5/3" 24# 5 1/2" 15.5#	307' 7932'		675 sx				
	, ,, ,	2 3/8"	78251						
			<u> </u>						
¥.		ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equable for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Bun To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
	9/30/80	5/11/81	Pumping		Choke Size				
	Length of Test 24 hrs.	Tubing Pieseure	Casing Pressure		. 75"				
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF				
		114	12		490				
	CAC WITH I								
	Actual Prod. Test-MCF/D	Length of Test	A pole. Cordenacte/AMCF		Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) MAY 13 19	Cosing Pressure (Shut-1	n)	Choke Sire				
7.7	CERTIFICATE OF COMPLIANCE			NSERVATIO	NOISIVID NO				
		DIST. 3	APPROVED	MAY	1 3 1981	19			
	hereby certify that the rules and regulations of the Or Conservation livision have been complied with and that the information given		Original Signed	by FRANK T.	CHAVĘZ				
	shave is true and complete to the	DIT							
	Original Signed	TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepened							
	E. E. SVOBODA								
	District Administra	District Administrative Supervisor		well, this form must be accompanied by a tabulation of the design taken on the well in accordance with RULE 111.					
	The second secon		All sections of this form must be filled out completely for allow-						
	(Title)		able on new and recompleted weils.						
	5/13/81	Well name of number,	or transporter	for other such chang	a in communi				
			The second of th	April 1994 - 1994 # \$	tiled to: Sacre .				