

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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.

Operator	AMOCO PRODUCTION COMPANY		
Address	501 Airport Dr., Farmington, NM 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change In Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	Gas connection made after old C-104 was originally filed. This is the revised C-104.
Change In Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner			

1. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Jicarilla Apache Tribal 125	7	Lindriith Gallup/Dakota West	State, Federal or Fee Federal
Location	Contract		
Unit Letter H	1750	Feet From The North	Line and 660
		Feet From The East	125
Line of Section 35	Township 25N	Range 4W	NMSP, Rio Arriba
County			

2. 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, Inc.	P. O. Box 26251, Albuq., NM 87125		
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	Sec.	Twp.
	I	23	25N
			4W
Is gas actually connected?	When		
Yes	4-27-81		

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

3. 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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-11-80	2-24-81	3109'	8050'
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7269 GL	Dakota-Gallup	6908'	8010'
Perforations			Depth Casing Shoe
6908'-7214', 7797'-7866', and 7948'-8006'			8109'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	299'	315
7 7/8"	5 1/2" 15.5#	8109'	1820
	2 3/8"	8010'	

4. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	5-15-81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	120		.75"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	160		816

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

5. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED	
Original Signed By B. E. SVOBODA (Signature)		AUG 3 - 1981	
District Admin. Supvr. (Title)		BY Original Signed by CHARLES GHOLSON	
Date		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.	