

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.M.	
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 124	Well No. 8	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Contract
Location Unit Letter J ; 1850 Feet From The South Line and 1820 Feet From The East 124				
Line of Section 14 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"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251, Albuquerque, NM 87125					
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 1	Sec. 23	Twp. 25N	Rge. 4W	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Date Spudded 8/10/80	Date Compl. Ready to Prod. 9/22/80		Total Depth 8062'		P.B.T.D. 8017'			
Elevations (OF, RKB, RT, GR, etc.) 7131' GL	Name of Producing Formation Lindrith Gallup/Dakota West		Top Oil/Gas Pay 7794'		Tubing Depth 7964'			
Perforations 7794-7793, 7808-7812, 7816-7822, 7918-7924, 7954-7980					Depth Casing Shoe 8062'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		302'		315 sx			
7 7/8"	5 1/2"		8062'		1555 sx			
	2 7/8"		7964'					

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 10/3/80	Date of Test 5/6/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 100	Choke Size .75"
Actual Prod. During Test	Oil-Bbls. 23	Water-Bbls. 8	Gas-MCF 79

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Oil-Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
District Administrative Supervisor

(Title)
5/13/81
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 13 1981, 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.

Supplies Form C-104 must be filed for each pool in multiple