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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION 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.K.

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [X] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Apache Tribal 124	5	Lindrith Gallup-Dakota West	State, Federal or Fee Federal	Jicarilla Contract 124

Location
Unit Letter H : 1670 Feet From The North Line and 955 Feet From The East

Line of Section 23 Township 25N Range 4W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Plateau, Incorporated
Address *(Give address to which approved copy of this form is to be sent)*
4775 Indian School Rd., NE, Albuquerque, NM 8711

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	23	25N	4W	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-16-80	8-16-80	7953'	7923'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7059' GL	Dakota Lindrith Gallup-West	6784'	7895'
			Depth Casing Shoe

Perforations 7876-7861', 7831-7827', 7786-7781', 7719-7705', 7698-7690', 7096-7077', 7060-7045', 7013-6997', 6992-6980', 6974-6968', 6964-6952', 6898-6882', 6863-6852', 6838- 6824', 6812-6807', 6802-6794', 6784'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.0#	309'	315 sx
7-7/8"	5-1/2", 15.5#	7949'	1375 sx
	2-7/8"	7895'	

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*
8-23-80	9-20-80	Pumping
Length of Test	**Tubing Pressure**	**Casing Pressure**
24 hours	225 PSIG	1200 PSIG
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**
	65	44

Choke Size: Open
Gas-MCF: TSTM

RECEIVED
SEP 25 1980
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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 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. SVOBODA
(Signature)

District Administrative Supervisor
(Title)

9-24-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 29 1980, 19 _____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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.