

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

B.R.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Dr., Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Revised C-104 to show GOR test results.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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. 9	Pool Name, Including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla Contract 124
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>930</u> Feet From The <u>West</u> Line of Section <u>24</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, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26251, Albuq., 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 <u>E</u>	Sec. <u>24</u>
	Twp. <u>25N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>Yes</u> When <u>4/27/81</u>	

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"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-24-80	Date Compl. Ready to Prod. 9-11-80		Total Depth 7900'		P.B.T.D. 7880'			
Elevations (DF, RAB, RT, GR, etc.) 7016' GL	Name of Producing Formation Lindrith Gallup-Dakota		Top Oil/Gas Pay 6744'		Tubing Depth 7074'			
Perforations 6744'-6860', 6911'-7048', 7660'-7688', 7682'-7690', 7694'-7698', 7744'-7750', 7788'-7794', 7824'-7850'					Depth Casing Shoe 7900'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24.0#		307'		300			
7 7/8"	5 1/2" 15.5#		7900'		1540			
	2 3/8"		7074'					

## 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 9-13-80 (test oil)	Date of Test 5-3-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 90	Casing Pressure	Choke Size .75"
Actual Prod. During Test	Oil - Bbls. 158	Water - Bbls. 35	Gas - MCF 311.7

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. 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.

APPROVED

OIL CONSERVATION DIVISION  
JUN 3 - 1981  
Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 3

Original Signed By  
E. E. SVOBODA

District Administrative Supervisor

(Signature)

June 1, 1981

(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.

Separate forms must be filed for each pool in multiple