DISTRIBUTION SANTA FE

OIL CONSERVATION DIVISION P. O. HOX 2088 SANTA FE, NEW MEXICO 87501

U.S.U.S. LAND OFFICE TRANSPORTER OIL OFENATOR I. PROBATION OFFICE	REQUEST FOR AI AUTHORIZATION TO TRANSF	ND	AS
Amoco Production Com	pany .		
501 Airport Drive, F	armington, N.M. 87401		
Reason(s) for filing (Check proper New Wall Recompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conder	声 】	
If change of ownership give namend address of previous owner			
I. DESCRIPTION OF WELL AN	D LEASE		
Lease Name Jicarilla Contract 1	Well No. Pool Name, Including Fo	10	Foderal or Fee Federal Contract 146
	70 Feet From The North Lin	e and 840 Feet	From The East
Line of Section 9	Township 25N Range 5	W , NMPM,	Rio Arriba County
II. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Northwest Pipeline Corporation One of Authorized Transporter of Casinghead Gas or Dry Gas X P. O. Box 90, Farmington, N.M. 87401 Unit Sec. Twp. Rge. Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actuary connected	
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order numbe	
Designate Type of Comple		1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	.) Name of Producing Formation	Top Ot!/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			,
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump.	gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-AFFF AFD
			GAVITY ST CONGRECOM
Actual Prod. Tout-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grevity of Condentations OIL CON: Chok Sixe Dist. 3
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Cosing Pressure (Shut-in)	Chok Sixe
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION APPROVED SEP 15 1981 Original Signed by FRANK T. CHAVEZ	
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.			
above is true and complete to	the best of my knowledge and belief.	TITLE SUPERVISOR I	
Original Signed By E. E. SVOBODA (Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tents taken on the well in accordance with RULE 111.	
District Administrative Supervisor		All sections of this f	orm must be filled out completely for allow-

FIR out only Sections I. H. III, and VI for changes of owner, well as no or number, or transporter or other such change of condition.

Separate Forms C-first anist be filed for each pool in multiply condition wells.

. . .