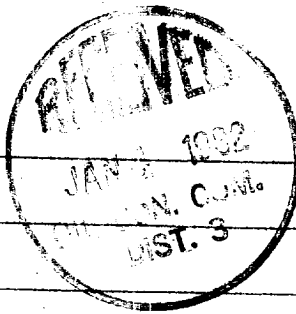


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



| | |
|--|---|
| OPERATOR | |
| Amoco Production Company | |
| Address | |
| 501 Airport Dr., Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | |
| 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 | Well No. | Pool Name, Including Formation | Kind of Lease | Jicarilla Contract |
| Jicarilla Contract 146 | 33 | Otero Chacra | State, Federal or Fee Federal | Contract 146 |
| Location | | | | |
| Unit Letter <u>P</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1120</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>10</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Northwest Pipeline Corp. | P. O. Box 90, Farmington, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | P | 10 |
| | | 25N |
| | | 5W |
| | | |

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. | | | |
| 12-7-80 | 10-23-81 | | 5620' | | 5562' | | | |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 6883' G.L. | Otero Chacra | | 4008' | | 4016' | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| 4008'-4015', 4015'-4036' | | | | | 5605' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 285' | | 315 SX | | | |
| 7-7/8" | 5-1/2" | | 5605' | | 985 SX | | | |
| | 1-1/4" | | 4016' | | | | | |

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 | 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-MCF |
| | | | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 752 | 3 hours | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pressure | 686 PSIG | 687 PSIG | .75" |

I. 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.

By _____
(Signature)
District Administrative Supervisor
(Title)
JAN 3 1 1981
(Date)

OIL CONSERVATION DIVISION
JAN 3 1981
APPROVED _____, 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 filled for each pool in multiply completed wells.