

OIL CONSERVATION DIVISION

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	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
REGISTRATION OFFICE	

Operator <u>Amoco Production Company</u>	
Address <u>501 Airport Drive, Farmington, New Mexico 87401</u>	
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 <u>Jicarilla Contract 148</u>	Well No. <u>20</u>	Pool Name, including Formation <u>Otero Chacra</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Jicarilla</u>
Location Unit Letter <u>B</u> : <u>920</u> Feet From The <u>North</u> Line and <u>1620</u> Feet From The <u>East</u>				
Line of Section <u>23</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)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>11-27-80</u>	Date Compl. Ready to Prod. <u>3-7-81</u>	Total Depth <u>4150'</u>		P.B.T.D. <u>4105'</u>				
Elevations (DF, RAB, RT, GR, etc.) <u>6830' GL</u>	Name of Producing Formation <u>Otero Chacra</u>	Top Oil/Gas Pay <u>3918'</u>		Tubing Depth <u>3956'</u>				
Perforations <u>3918-3950</u>					Depth Casing Shoe <u>4150'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>24#</u>	<u>284'</u>		<u>315 sx</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>17#</u>	<u>4150'</u>		<u>775 sx</u>			
	<u>2 1/4"</u>	<u>2 3/8"</u>	<u>3956' 3952'</u>					

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 <u>657</u>	Length of Test <u>3 Hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>677 psig</u>	Casing Pressure (Shut-in) <u>677 psig</u>	Choke Size <u>.75"</u>

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.

Original Signed By
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

JUL 29 1981

OIL CONSERVATION DIVISION

APPROVED 1981, 19 _____BY Original Signed by FRANK T. CHAVEZTITLE 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; other each change of condition.