

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Amoco Production Company

Address  
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
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

DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla Contract 146	Well No. 35	Pool Name, including Formation Gonzales Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. 146
Location Unit Letter <u>E</u> : <u>1570</u> Feet From The <u>North</u> Line and <u>1110</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Industries, Inc.	P. O. Box 256, Farmington, NM 87401
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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>3</u> Twp. <u>25N</u> Rge. <u>5W</u> 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:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
	XX XX		
Date Spudded 6-18-82	Date Compl. Ready to Prod. 10-21-82	Total Depth 5346'5"	P.B.T.D. 5333'
Elevations (DF, RKB, RT, GR, etc.) 6614' KB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5116'	Tubing Depth 5256'
Perforations 5294-5116'			Depth Casing Shoe 5346'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	298	300 sx
7-7/8"	5-1/2" 17#	5346'5"	1180 sx
	2-1/16"	5256	

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)

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 740	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 938 psig	Casing Pressure (Shut-in) 938 psig	Choke Size .75

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 of this By  
B.T. Nelson

(Signature)  
Administrative Supervisor

(Title)

11-16-82

OIL CONSERVATION DIVISION

12-9-82 DEC 9 1982

APPROVED

BY

SUPERVISOR DISTRICT # 2

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