

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Co.	
Address 501 Airport Drive, Farmington, N M 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

MAY 23 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 148	Well No. 32	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Jic cont 148
Location Unit Letter <u>D</u> ; <u>880</u> Feet From The <u>North</u> Line and <u>1190'</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>25N</u> Range <u>5W</u> , NMPM, Rio Arriba 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 14	Twp. 25N	Rge. 5W	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

BDS Shaw
(Signature)

Adm. Supervisor

(Title)

5-21-85

(Date)

OIL CONSERVATION DIVISION
6-10-85
APPROVED
JUN 10 1985
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 filed for each pool in multiply completed wells.

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 12/26/84	Date Compl. Ready to Prod. 2-11-85	Total Depth 7894'		P.B.T.D. 7851'					
Elevations (DF, RKB, RT, GR, etc.) 7030' GR	Name of Producing Formation Dakota-Gallup	Top Oil/Gas Pay 6604'		Tubing Depth 7676'					
Perforations 7606'-7624', 7650'-7673', 6766'-6970', 6604'-6698'							Depth Casing Shoe 7893'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, J55	334'	413 CF
7-7/8"	5-1/2", 15.5#, K55	7893'	1449 CF
	2 3/8	7676	

V. 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 2-11-85	Date of Test 5-16-85	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 160 psig	Casing Pressure 180 psig	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 11	Gas - MCF 257.8

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