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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Amoco Production CompanyAddress
501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	State	County
Jicarilla Apache 102	14	Basin Dakota	New Mexico	Jicarilla
Location				
Unit Letter	F	1620	Feet From The	North
			Line and	1730
			Feet From The	West
Line of Section	9	Township	26N	Range
			4W	
			NMPLA,	Rio Arriba
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)				
Plateau, Inc.	P.O. Box 489, Bloomfield, N.M. 87413				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)				
Northwest Pipeline Corporation	P.O. Box 90				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is well actually connected?
	F	9	26N	4W	Farmington, New Mexico 87401

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	Some other	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	R.T.T.D.					
Elevations (D) (e.g., RT, GL, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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, jet 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.



District Administrative Supervisor

September 28, 1983

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filed in compliance with N.M.C. 10-1-104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with N.M.C. 10-1-104.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for existing oil and gas wells on new or recompleted wells.

Separate forms O-104 must be filed for each pool in new recompleted wells.