NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		1	
FILE		4-1	
u.s.¢. s .			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	,	
OPERATOR		<u> </u>	
PRORATION OFFICE		1	

OBTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR	REQUEST F	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND HORIZATION TO TRANSPORT OIL AND NATURAL GAS		
I. PRORATION OFFICE Operator	TON COMPANY			
AMOCO PRODUC	TION COMPANI		TILL IT IN	
Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Cil Dry Gar Casinghead Gas Conden	Other (Please explain)	PRILLYED 2 1974 JAN CON COM OIL DIST. 3	
II. DESCRIPTION OF WELL AND	I FASF		se Federal Lease No.	
Lease Name		ormation Kind of Leas 3.S. Mesa Gallup State, Feder		
Jicarilla Apache 102	11 Dasin Dakota L	7.0. 1206 002209		
	190 Feet From The North Lin	ne and 1850 Feet From	The West	
10	waship 26-N Range	4-W , NMPM,	Rio Arriba County	
Line of Section				
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci Hateau, Inc.	TER OF OIL AND NATURAL GA	P. O. Box 108, Farmin	oved copy of this form is to be sent) gton, New Mexico 87401	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🗶	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 8740		
Northwest Pipeline C	orporation	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. C 10 26N 4W	Yes	11-19-63	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	R-4059	
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi		1	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
	COD ALLOWADIE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top allou	
V. TEST DATA AND REQUEST OIL WELL	able for this c	depth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Cil Run To Tanks	Date of Test	Producing Method (Fibe, pant), 8-4		
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
	Oil-Bbis.	Water - Bbls.	Gas-MCF	
Actual Prod. During Test				
GAS WELL			Gravity of Condensate	
Actual Brod Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Sendenses	
Actual Prod. Test-MCF/D			Choke Size	
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) OIL CONSER	Choke Size	
Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIA	Tubing Pressure (Shut-in) NCE	Casing Pressure (shut-in) OIL CONSER	Choke Size	
VI. CERTIFICATE OF COMPLIA I hereby certify that the rules an	Tubing Pressure (Shut-in)	OIL CONSER APPROVED FEB	Choke Size VATION COMMISSION 7 1074 19	

1

Original Egned by G. L. HARMITCH

(Signature)

Area Administrative Supervisor

(Title)

December 28, 1973

TITLE PETROLEUM ENGINEER DIST. NO. 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 silow-sble 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.