

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

PR. OF LEASES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐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	Kind of Lease
Jicarilla Apache 102	7	Basin Dakota-B.S. Mesa Gallup	State, Federal or Free Federal
Location			
Unit Letter	G	1850 Feet From The	North Line and 2390 Feet From The East
Line of Section	3	Township 26N	Range 4W, N.M.P.M., Rio Arriba

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)				
Plateau, Inc.	P.O. Box 489				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Location
	G	3	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	Side Track	Drill Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.M.T.D.					
Elevations (D, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 test oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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SEP 29 1983

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Chart Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chart Size

OIL CON. DIV.
DIST. 3

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.

DD Lanson
(Signature)District Administrative Supervisor
(Title)September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filled in compliance with N.M.C. 11-1-104.

If this is a request for allowable for a newly drilled or dry well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with N.M.C. 11-1-104.

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

Fill out only Sections I, II, III, and VI for producers of oil.

Well name or number, or transportation number such as 1000, 1001, etc.

Separate forms 10-104 must be filed for each pool in an recompleted well.