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U.S.U.	
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	☒

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache	Well No. 102	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. Jicarilla Apache 10
Location Unit Letter <u>0</u> : <u>1070</u> Feet From The <u>South</u> Line and <u>1430</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>26N</u> Range <u>4W</u> , N.M.P.M., <u>Rio Arriba</u> 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) 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) BOX 1899 BLOOMFIELD N.M.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 10 26N 4W
Is gas actually connected? ☐	

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 Hole
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D, RT, GR, 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 lead oil and must be equal to or greater than 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	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

SEP 29 1983

APPROVED

BY

TITLE

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

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.S. 10-1-10.

All sections of this form must be filled out appropriately for oil, gas, or water and recompleted wells.

Fill out only Sections 1, 11, 13, and 14 for recompleted wells. Well name or number, or transportation number must be filled out for all wells.

Separate forms must be filled out for each well in the same field.