

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2988
SANTA FE, NEW MEXICO 87501

Form L-104
Revised 10-1-78

OPERATOR

AMOCO PRODUCTION COMPANY

ADDRESS

501 AIRPORT DRIVE, FARMINGTON, NM 87401

REASON(S) FOR FILING (CHECK PROPER BOX)

NEW WELL

RECOMPLETION

CHANGE IN OWNERSHIP

CHANGE IN TRANSPORTER OF:

OIL

CONDENSATE

OTHER (PLEASE EXPLAIN)

IF CHANGE OF OWNERSHIP GIVE NAME AND ADDRESS OF PREVIOUS OWNER

DESCRIPTION OF WELL AND LEASE

LEASE NAME

JICARILLA CONTRACT 155

WELL NO.

20

POOL NAME, INCLUDING FORMATION

Basin Dakota

KIND OF LEASE

State, Federal or Fee

Federal

LEASE NO.

Jic. Con. 155

LOCATION

UNIT LETTER

N

FEET FROM THE

1160

SOUTH LINE AND

1540

FEET FROM THE

West

LINE OF SECTION

29

TOWNSHIP

26N

RANGE

5W

NMPM,

Rio Arriba

COUNTY

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

NAME OF AUTHORIZED TRANSPORTER OF OIL

Giant Industries, Inc.

ADDRESS (GIVE ADDRESS TO WHICH APPROVED COPY OF THIS FORM IS TO BE SENT)

P.O. Box 256, Farmington, NM 87401

NAME OF AUTHORIZED TRANSPORTER OF CASINGHEAD GAS

Northwest Pipeline Corporation

ADDRESS (GIVE ADDRESS TO WHICH APPROVED COPY OF THIS FORM IS TO BE SENT)

P.O. Box 90, Farmington, NM 87401

IF WELL PRODUCES OIL OR LIQUIDS, GIVE LOCATION OF TANKS.

Unit

N

Sec.

29

Twp.

26N

Rge.

5W

IS GAS ACTUALLY CONNECTED?

When

COMPLETION DATA

DESIGNATE TYPE OF COMPLETION - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Restv.

Diff. Restv.

DATE SPUNDED

DATE COMPL. READY TO PROD.

TOTAL DEPTH

P.B.T.D.

ELEVATIONS (DF, RKB, 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

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 (PISTON, 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.

Original Signed by

E. E. SYOBODA

(Signature)

District Administrative Supervisor

(Title)

10-29-81

OIL CONSERVATION DIVISION

OCT 30 1981

APPROVED

BY

Original Signed by

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 transportation, or other such change of condition.

Form L-104 must be filed for each pool in multiple.