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DISTRIBUTIO				
SANTA FE	1			
FILE		/	7	_
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR				
PRORATION OFF				

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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	NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE / REQUEST FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-116					
	FILE /	 	K E QUES!	AND		Effective 1-1-65				
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					SAS				
	LAND OFFICE]			TOTAL C					
	TRANSPORTER OIL									
	GAS /]								
	OPERATOR /	_								
ĭ.	PRORATION OFFICE									
	Operator AMOCO PRODUC	CTION COM	IPANY							
	Address 501 Airport	501 Airport Drive, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper box			Other (Plea	se explain)					
	New Well		in Transporter of:	Omes (1 tea	se explain)					
	Recompletion	Oil	Dry Ga	ıs 🗀						
	Change in Ownership	Casingh	=	=						
	If change of ownership give name and address of previous owner									
	and address of previous owner.									
II.	DESCRIPTION OF WELL AND	LEASE Well No	. Pool Name, Including Fo	ormation	Kind of Lease	Federal Lease No.				
	Jicarilla Contract 155	23	•	hacra Ext	1	or Fee Jicarilla Cont. 155				
	Location									
	Unit Letter N ;	10 Feet Fr	rom The South Lin	1850	Feet From 1	The West				
	Line of Section 32 To	wnship	26-N Range	5- ₩ , NMF	M, R10	Arriba County				
				-						
III.	DESIGNATION OF TRANSPOR'	rer of oil	L AND NATURAL GA Condensate	Address (Give addres	s to which approx	ved copy of this form is to be sent)				
	Raine of Admortaed Transporter of our			,	•					
	Name of Authorized Transporter of Cas	singhead Gas [or Dry Gas 🛣	1		ved copy of this form is to be sent)				
	El Paso Natural Gas Co					New Mexico 87401				
	If well produces oil or liquids,	Unit Se	c. Twp. Rge.	Is gas actually conne	oted? Who	en				
	give location of tanks.	1 1	1	No						
	If this production is commingled wi	th that from e	any other lease or pool,	give commingling ord	er number:					
	COMPLETION DATA									
	Designate Type of Completic	on – (X)	Oil Well Gas Well	New Well Workove	Deepen	Plug Back Same Restv. Diff. Restv.				
				X	1	P.B.T.D.				
	Date Spudded	1	Ready to Prod.	Total Depth 5230		5194'				
	12-21-72	2-15	ducing Formation	Top Oil/Gas Pay		Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.) 6494 GL, 6507 KB	Chac	,	3640		3653'				
	Perforations	VIII		30-10		Depth Casing Shoe				
	3640-3660' x 1 SPF			5230'						
				D CEMENTING RECORD						
	HOLE SIZE	CASIN	IG & TUBING SIZE	DEPTH		SACKS CEMENT				
	12-1/4"		8-5/8" 5-1/2"	423 ' 5230 '		350 sx 900 sx				
	7-7/8"	<u> </u>	1-1/4"	365		900 BX				
		<u> </u>	1-1/4	303.						
		OD AT TOW	ADI E	6	lunn of load oil	and must be equal to or exceed top allow-				
V.	TEST DATA AND REQUEST FOIL WELL	OK ALLOW		epth or be for full 24 hor	irs)					
	Date First New Oil Run To Tanks	Date of Test	L Comment	Producing Method (F)	ow, pump, gas li	ft, etc.)				
						CILIVE				
	Length of Test	Tubing Pres	sure	Casing Pressure		Choke SERILLIAED				
					Gas-MCF					
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		MAR 8 1973				
		<u> </u>				1911/11/				
	GAS WELL					OIL CON. COM.				
	Actual Prod. Test-MCF/D	Length of Te	est	Bbls. Condensate/MN	CF	Gravity of Condents 7.				
	925 (AOF 1097)	3	hr.							
	Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Casing Pressure (Sh	at-in)	Choke Size				
	Open Flow	8	14	812		0.750"				
VI.	CERTIFICATE OF COMPLIAN	CE		OIL	CONSERVA	TION COMMISSION				
				JUL 18 1973						
	I hereby certify that the rules and	regulations o	f the Oil Conservation	1 !						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By Original Signed by Enery C. Arnold						
			TITLE SUPERVISOR DIST. #3							
	Original Signed by . J. ARNOLD SNEEL (Signature) Area Engineer			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.						
		tle)		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,						
	March 6, 197									
	(D)		well name or num	well name or number, or transporter, or other such change of condition.						

