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LAND OFFICE	
TRANSPORTER	OIL
	GAS /
OPERATOR	/
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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

I. Operator

AMOCO PRODUCTION COMPANY

Address
501 Airport Drive, Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 155	Well No. 24	Pool Name, Including Formation Otero Chacra Ext.	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Cont. 155
Location				
Unit Letter M	940 Feet From The West Line and 790 Feet From The South			
Line of Section 31	Township 26-N	Range 5-W	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

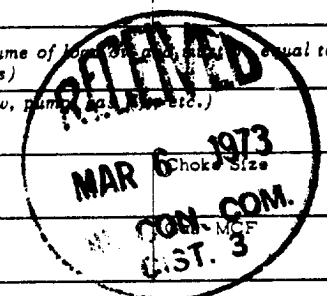
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-21-72	Date Compl. Ready to Prod. 2-20-73	Total Depth 5180'		P.B.T.D. 5141'				
Elevations (DF, RKB, RT, GR, etc.) 6403' GL, 6415' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3494'		Tubing Depth 3514'				
Perforations 3496-3512' (Chacra) x 2 SPF				Depth Casing Shoe 5180'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	419'		350				
7-7/8"	5-1/2"	5180'		900				
	1-1/4"	3514'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of formation gas equal to or exceed top allowable 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.



GAS WELL

Actual Prod. Test - MCF/D 1357 (AOF 1854)	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Open Flow	Tubing Pressure (Shut-in) 833	Casing Pressure (Shut-in) 832	Choke Size 0.750"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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
J. ARNOLD SNELL

(Signature)

Area Engineer

(Title)

March 2, 1973

(Date)

OIL CONSERVATION COMMISSION

JUL 18 1973

APPROVED _____, 19____
Original Signed by **Emery C. Arnold**

BY **SUPERVISOR DIST. #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 transporter, or other such change of condition.

