	NO. OF COPIES REC	5		
	DISTRIBUTIO	Ī		
	SANTA FE	7		
	FILE	1	1	
	u.s.g.s.			
	LAND OFFICE			
	TRANSPORTER	OIL	. /	
	TRANSFORTER	GAS	1	
	OPERATOR	f		
1.	PRORATION OF			
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	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  GAS  J	REQUEST FOR ALLOWABLE AND A.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	OPERATOR / PRORATION OFFICE Operator							
	AMOCO PRODUCTION COMPANY							
	Sol Airport Dr Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	()	n Transporter o		S X	Please explain)	OIL CON. COM. DIST. 3	
	If change of ownership give name and address of previous owner				<b></b>			
II.	DESCRIPTION OF WELL AND Lease Name Jicarilla Contract 15	Well No.	Pool Name, In	•	erde Ext.	Kind of Leas State, Federa	Legerar Fearer	
						O Feet From	The South	
ıı.	Line of Section 31 To  DESIGNATION OF TRANSPOR	TER OF OIL	AND NATU	Range JRAL GA		NMPM, Ri	o Arriba County	
	Name of Authorized Transporter of Oil	or C	Condensate		Address (Give ad		ton. New Mexico 87401	
	Plateau, Inc. Name of Authorized Transporter of Ca Northwest Pipeline Cox		or Dry Go	is <b>XX</b>	P. O. Box 108, Farmington, New Mexico 87401  Address (Give address to which approved copy of this form is to be sent)  501 Airport Drive, Farmington, New Mexico 87401			
	If well produces oil or liquids, give location of tanks.	Unit Sec	Twp.	Rge.	Is gus actually or		8-2-73	
	If this production is commingled wi			- <del></del>	<del></del>	g order number:	6-2-13	
V.	COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New					kover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded		Ready to Prod.		Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Formatio	n	Top Ot Gas Pay		Tubing Depth	
	Perforations				<u> </u>		Depth Casing Shoe	
		TUBING, CAS	ING, AND	CEMENTING R	ECORD			
	HOLE SIZE CASING & TUBING SIZE				1	TH SET	SACKS CEMENT	
					aga a gagana a an a			
V.	OIL WELL		BLE (Test	must be a for this de	pth or be for full 24	(hours)	and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test			Producing Method	i (Flow, pump, gas l		
	Length of Test	Tubing Press	ure		Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbis.			Water-Bbls.		Gae - MCF	
1	CAS WELL				<u> </u>			
	Actual Prod. Test-MCF/D	Length of Tes	st		Bble. Condensare	MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in	)	Casing Pressure	(Shut-in)	Choke Size	
'I.	CERTIFICATE OF COMPLIAN	CE		<u> </u>		OIL CONSERVA	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation				APPROVEDFEB 7 1974, 19			
	Commission have been complied above is true and complete to the	with and that a best of my!	the informati knowledge an	on given d belief.			y A. B. Kendrick	
	Out - 1-1-			TITLE PETROLEUM ENGINEER DIST NO. 3				
Original Signal to G. L. HAMRITON (Signature)  Area Administrative Supervisor					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 allow-			
. 1	(Di	ate)	* * * *		well name or i	number, or transpor	ten or other such change of conditionate be filed for each pool in multiply	