

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 21 1983

OIL CON. DIV.
DIST. 3

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)
~~THIS IS A RECOMPLETION OF A WELL WHICH WAS ABANDONED IN 1960.~~

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache Tribal 151	Well No. 4	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. 151
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Location
Unit Letter C : 820 Feet From The north Line and 1600 Feet From The west
Line of Section 3 Township 26N Range 5W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plato Inc. <u>Plato Inc.</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box <u>1899</u> , <u>Bloomfield</u> , NM <u>87413</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>3</u>	Twp. <u>26N</u>	Rge. <u>5W</u>	Is gas actually connected? No	When

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	Same Res'v.	Diff. Res'v.
		X						X
Date Spudded 5-10-73	Date Compl. Ready to Prod. 4-2-83	Total Depth 7749'	P.B.T.D. 7716'					
Elevations (DF, RKB, RT, GR, etc.) 6591' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 6584'	Tubing Depth 7514'					
Perforations 6794'-6842', 6878'-6924', 6992'-7000', 6584'-6594', 6646'-6662', 6676'-6700', 6724'-6744', 6754'-6762'			Depth Casing Shoe 7749'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13"	10-3/4"	316'	300
9-7/8"	7-5/8"	3558'	540
6-3/4"	4-1/2"	7749'	475
	2-3/8"	7514'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be 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, 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 65	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 270 psig	Casing Pressure (Shut-in) 370 psig	Choke Size 15/64

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
D.D. Lawson
(Signature)
District Administrative Supervisor
(Title)
July 19, 1983
(Date)

OIL CONSERVATION DIVISION

10-4-83
APPROVED

BY Original Signed by FRANK T. 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 deviated 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 ownership, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.