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11/27/79

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Amoco Production Company 501 Airport Drive Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) New Well \mathbf{x} Change in Transporter of: Recompletion Dry Gas To change name of the transporter Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Jicarilla State, Federal or Fee 22E Jicarilla Contract 155 Basin Dakota Federal Contract 155 K 1670 Feet From The South Line and 1645 Feet From The West 31 Township , NMPM, 26N Range _5W__ County Rio Arriba I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Plateau, Inc.
Name of Authorized Transporter of Casinghead Gas 4775 Indian School Rd. NE. Albuquerque NM. Address (Give address to which approved copy of this form is to be sent) or Dry Gas X P.O. Box 90, Farmington, NM 87401 Northwest Pipelire Company Sec Is gas actually connected? If well produces oil or liquids, ¦ <u>31</u> give location of tanks. K 26N No Approximately 30 days If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) X Total Depth Date Compl. Ready to Prod. 7506**'** 7-14-79 <u>10-4-79</u> 7550 Elevations (DF, RKB, RT, GF, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6638' GL 7220' Dakota Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 12-1/4" 8-5/8" 300 339 7-7/8" 4-1/2" 7550' 1760 2-3/8" 7358 V. TEST DATA AND REQUEST FOR ALLOWABLE
(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bbls. Gas - MCF Actual Prod. During Test **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF 3 hrs. Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) 1460' Back Pressure OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE NOV & APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Youdrick Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 1. 1 Original 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. (Signature) District Admiristrative Supervisor

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.

Separate Forms C-104 must be filed for each pool in multiply