

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|------------------------------|
| Operator AMOCO PRODUCTION COMPANY | Well API No. 300392258100 |
| Address P.O. BOX 800, DENVER, COLORADO 80201 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|--|-----------|
| Lease Name JICARILLA A | Well No. 2E | Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS) | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter <u>O</u> : <u>1120</u> Feet From The <u>FSL</u> Line and <u>1520</u> Feet From The <u>FEL</u> Line Section <u>18</u> Township <u>26N</u> Range <u>5W</u> , <u>NMPM</u> , <u>RIO ARRIBA</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|--|---|------|------|------|----------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> MERIDIAN OIL INC. <u>241510</u> | Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS COMPANY OF NEW MEXICO <u>241530</u> | 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 | Sec. | Twp. | Rge. | Is gas actually connected? When? |

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 |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | CEMENT | | | BACKS CEMENT | | |
| AUG 23 1990 OIL CON. DIV. 1 | | | | | | | | |

V. 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 Tank | 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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.

Signature D. W. Whaley
Doug W. Whaley, Staff Admin. Supervisor
Printed Name Title
Date July 5, 1990 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

Date Approved AUG 23 1990
By [Signature]
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O.Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89

RECEIVED
MAY 17 1994

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|---|---|-------------------------------------|----------------------------|
| Operator Amoco Production Company | | Attention: WAYNE BRANAM | Well API No. 3003922581 |
| Address P.O. Box 800 Denver Colorado 80201 | | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|---|---------------------------|
| Lease Name JICARILLA A | Well No. 2E | Pool Name, Including Formation TAPACITO-GALLUP 58090 | Kind of Lease State, Federal or Fee FEDERAL | Lease No. CONTRACT 110 |
| Location Unit Letter O 1120' Feet From The FSL Line and 1520' Feet From The FEL Line Section 18 Township 26N Range 5W ,NMPM, RIO ARRIBA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate MERIDIAN OIL 241510 | Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30th ST, FARMINGTON NM 87401 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS COMPANY OF NEW MEXICO 241530 | Address (Give address to which approved copy of this form is to be sent) BOX 1899, BLOOMFIELD, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When? |
| O 18 26N 5W | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|--------------------------|-----------------------|----------|--------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 08-15-81 | Date Compl. Ready to Prod. 09-01-93 | Total Depth 7567' | P.B.T.D. 7548' | | | | | |
| Elevations (DF,RKB,RT,GR,etc.) 6601GR | Name of Producing Formation GALLUP | Top Oil/Gas Pay 6780' | Tubing Depth 6807' | | | | | |
| Perforations 8780 6800 W/4JSPF | | | Depth Casing Shoe | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4" | 8 5/8" | 326' | 260S X CL-B | | | | | |
| 7 7/8" | 4 1/2" | 7587' | 1041 SX D-79 | | | | | |
| | | | 200 SX C1-B | | | | | |
| | 2 3/8" | 6807' | | | | | | |

V. 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 Tank 09-16-93 | Date of Test 09-16-09 | Producing Method (Flow, pump, gas lift, etc.) FLOWING | |
| Length of Test 24 | Tubing Pressure 221 | Casing Pressure 411 | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 3.43 | Water - Bbls. 3.1 | Gas - MCF 1186 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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

Signature Wayne Branam
WAYNE BRANAM BUSINESS ANALYST
Printed Name
09/15/1993 303 830 4912
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 18 1994

By David J. Smith
SUPERVISOR DISTRICT 18

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such
- 4) changes.