

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Amoco Production CompanyAddress
501 Airport Drive, Farmington, N.M. 87401

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	County
Jicarilla Apache 102	29A	Blanco Mesaverde	State, Federal or Fee Indian	Jicarilla Apache
Location				
Unit Letter	C	: 910 Feet From The	North Line and	1740 Feet From The
Line of Section	9	Township	26N	Range
			4W	N.M.P.S.
				Rio Arriba
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P.O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	LCX1899 BLOOMFIELD NM					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	9	26N	4W		

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

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in
Date Spudded	Date Compl. Ready to Prod.	Total Depth			L.B.T.D.			
Elevations (D), RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Testing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be at least 24 hours before for this depth or be for full 24 hours)

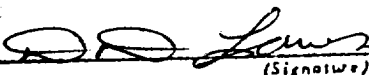
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

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)District Administrative Supervisor
(Title)September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DISTRICT #3

TITLE

This form is to be filed in compliance with N.M.C. 10-1-104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with N.M.C. 10-1-104.

All sections of this form must be filled out and signed for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for the purpose of providing name or number, or both, of other such wells of similar character.

Separate forms C-104 must be filed for each pool in and recompleted wells.