

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

- ☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla Apache 102	8A	Blanco Mesaverde	State, Federal or Free Federal	JA 102
Location				
Unit Letter	Feet From The		Line and	Feet From The
A	1120		North	1080 East
Line of Section	Township	Range	County	
3	26N	4W	Rio Arriba	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P.O. Box 489, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, New Mexico 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: A Sec.: 3 Twp.: 26N Rge.: 4W	No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Original Signed By
D.D. Lawson

(Signature)

District Administrative Supervisor

(Title)

January 5, 1984

(Date)

1-9-84 OIL CONSERVATION DIVISION

JAN 09 1984

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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.

Separate Forms C-104 must be filed for each pool in new recompleted wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
			X	X					
Date Spudded 6-22-83	Date Compl. Ready to Prod. 9-19-83	Total Depth 6089'				P.B.T.D. 6030'			
Elevations (DF, RKB, RT, GR, etc.) 6984' GR	Name of Producing Formation Blanco Mesaverde	Top Oil/Gas Pay 5460'				Tubing Depth 5986'			
Perforations 5460'-5472', 5480'-5484', 5512'-5526', 5534'-5558', 2 jspf, .38" in dia. 5928'-5944', 5954'-5964', 5980'-5988', 5966'-6008'; 2 jspf, .4" in dia. total of 200 holes.						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8" 58.4#, V-150		332'		300				
7-7/8"	4-1/2" 10.5# K-55		6089'		1230				
	2.375"		5986'						

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 c OIL WELL able 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 257	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1112 psig	Casing Pressure (Shut-In) 1116 psig	Choke Size .75