

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.	
Address 501 Airport Dr., Farmington, N M 87401	
Reason(s) for filing (Check appropriate): <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Reconpletion <input type="checkbox"/> Change in Ownership	Other (Please explain) AUG 24 1984 OIL CON. DIV. DIST. 3
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership gives name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Tribal 454 "A"	Well No. 1	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. JT454A
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>29N</u> Range <u>3W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box 489, Bloomfield, N M 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <del>Natural Gas Pipeline</del> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P O Box <del>200</del> , <del>Albuquerque, NM 87102</del> Farmington 87401
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>24</u> Twp. <u>29N</u> Rge. <u>3W</u>	Is gas actually connected? <u>No</u> When

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  
B. D. Shaw

(Signature)

Adm. Supervisor

(Title)

8-21-84

(Date)

OIL CONSERVATION DIVISION

8-29-84  
APPROVED

AUG 29 1984

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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 deviation 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 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 completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
			X	X					
Date Spudded 11-22-83	Date Compl. Ready to Prod. 7-17-84	Total Depth 8300'		P.B.T.D. 7998'					
Elevations (DF, RXB, RT, GR, etc.) 6983' GR	Name of Producing Formation Undesignated Gallup	Top Oil/Gas Pay 6952'		Tubing Depth 6265'					
Perforations 7890'-7700', 7690'-7648', 7648'-7550', 7390'-7220', 7150'-7100', 7100'-6952'							Depth Casing Shoe 8299'		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8", H-40		295'		384 cu.ft.				
7-7/8"	5-1/2", K-55		8299'		4120 cu.ft.				
	2-7/8"		6265'						

#### 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)

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 2188	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.) back pressure	Tubing Pressure (Shut-In) 1570 psig 2610	Casing Pressure (Shut-In) 0 psig 2610	Choke Size .75"