

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
Address
P.O. BOX 800, DENVER, COLORADO 80201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☒
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
JICARILLA TRIBAL 358
Well No. 5
Pool Name, including Formation
BALLARD PICTURED CLIFFS (GAS)
Kind of Lease
State, Federal or Fee
Lease No.
Location
Unit Letter A : 790 Feet From The FNL Line and 1190 Feet From The FEL Line
Section 07 Township 22N Range 2W NMPM SANDOVAL County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
GARY WILLIAMS ENERGY CORPORATION
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
EL PASO NATURAL GAS COMPANY
Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 159, BLOOMFIELD, NM 87413
Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks. Unit Soc. Twp. Rge.
Is gas actually connected? When?

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 DEPTH SET SACKS CEMENT

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
Actual Prod. During Test Oil - Bbls. Water - Bbls.
GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF
Testing Method (pilot, back pr) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)
Gravity of Condensate
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
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
June 25, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 2 1990

By [Signature]
Title SUPERVISOR DISTRICT #3

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.