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IRGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE		I	
U.1,G.1.			
LAND OFFICE		l	
TRANSPORTER	OIL		
	GAS	<u> </u>	\Box
OPERATOR			
PAGRATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

FILE	2				
LAND OFFICE	REQUEST FOR ALLOWABLE				
TAANSPORTER OIL GAS OPERATOR	-	AND SPORT OIL AND NATURAL GAS			
Operation Operation Amoco Production Comp	any				
Address					
501 Airport Drive, Fa		Other (Please explain)			
New Well	Change in Transporter of:		The state of the s		
Recompletion Change in Ownership	CII Dry G Casinghead Gas Conde	as XX			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind of L			
Jicarilla Contract 14	1	į į	deral or Fee Federal Jicarilla Contrac		
-	Peet From The South Li	ne and 790 Feet Fr	om Theeast 148		
Line of Section 14 T	ownship 25N Range	5W , NMPM, Rio	Arriba County		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G		proved copy of this form is to be sent)		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, NM 87401			
Northwest Pipeline If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.		No t			
If this production is commingled w COMPLETION DATA	vith that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Complet		New well workever Deepen	Flag Back Same Nes V. Diff. Nes 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		Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST F	COP ALLOWARIE (Test must be	of the transport of total volume of load	oil and must be equal to or exceed top allow-		
OIL WELL	able for this d	epth 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION DIVISION .			
I hereby certify that the rules and	regulations of the Oil Conservation	vation APPROVED JUN 1 7 1983 , 19			
Division have been complied with	the best of my knowledge and belief. By Original Segres by FRANK I. CORNET				
	c_od Bu	TITLE SUPERVISOR DISTRICT # 3			
Criscal Signed By This form is to be filed in compliance with RULE If this is a request for allowable for a newly drille mell this form must be accompanied by a tabulation of		tamable for a newly drilled or despend			
U.U. L	varme)	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
District Administ	rative Supervisor	All sections of this form must be filled out completely for shows able on new and recompleted wells.			
	Title)				
June 15,	Date)	Fitt out only Sections 1, 11, 111, and vi to mission of condition 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.			