

PDL -

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Form 100-01-83
RECEIVED
OCT 1 1990
OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 147	Well No. 5E	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. JC 147
Location Unit Letter <u>D</u> ; <u>900</u> Feet From The <u>North</u> Line and <u>960</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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. - <u>Dary Energy</u>	Address (Give address to which approved copy of this form is to be sent) 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"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, New Mexico 87413
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>7</u> Twp. <u>25N</u> Rge. <u>5W</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
D.D. Lawson
(Signature)
District Administrative Supervisor
(Title)
February 14, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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.

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 10-17-83	Date Compl. Ready to Prod. 12-15-83	Total Depth 7387' 7370				P.B.T.D. 7320'			
Corrosions (DF, RKB, RT, CR, etc.) 718'KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 6430' 6211'				Tubing Depth 7259' 7249'			
Perforations 6211'-6430', 6640'-6850', 1 jsf, .38" total of 230 holes.						Depth Casing Shoe 7390'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	8.625", 24#, K-55	319'	350
7.875"	5.5", 15.5#, K-55	7390'	870
	2-3/8"	7259' 7249'	

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 12-15-83	Date of Test 1/12/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 7 hrs.	Tubing Pressure 105	Casing Pressure 340	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 8.2	Water - Bbls. 1.7	Gas - MCF 35.0

GAS WELL 39.62

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