

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
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Page 1

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OKL.
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 21 1984

I.

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache Tribal 125 15	Well No. 15	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. J.C. 125
Location Unit Letter <u>P</u> ; <u>900</u> Feet From The <u>South</u> Line and <u>770</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>25N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. C. Box 489, Bloomfield, NM 87413
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. C. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 25 25N 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 B. P. Shum
(Signature)
Administrative Supervisor
(Title)
3-16-84
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 21 1984, 19_____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-13-83	Date Compl. Ready to Prod. 1-17-84	Total Depth 8040'			P.B.T.D. 8040'				
Elevations (DF, RKB, RT, CR, etc.) 7230' KB	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 6908'			Tubing Depth 8010'				
Perforations 6908'-7086', 7096'-7210', 7210'-7230', 1 jsf, .5"; 7796'-7815', 7826'-7840', 7892'-7900', 7936'-7956', 7972'-8008', 2 jsf, .5"; for a total of 506 holes									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8" 24#, K-55		322'		325			
7-7/8"		5-1/2" 15.5#, K-55		8086'		1350			
		2-7/8"		8010'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 1-26-84	Date of Test 3/15/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure 0 psi	Casing Pressure 200 psi	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 139	Gas - MCF 6

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size