

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

30931N
4-17-84

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

RECEIVED
MAR 08 1984
OIL CON. DIV.
DIST. 3

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache Tribal	Well No. 125 #	Pool Name, including Formation 16 W. Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. J.C125
Location Unit Letter <u>H</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>650'</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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.O. Box 489, Bloomfield, NM 87413				
Name of Authorized Transporter of Casinghead 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.O. Box 1899, Bloomfield, NM 87413				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 36	Twp. 25N	Rge. 4W	Is gas actually connected? When 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
D.D. Lawson / BDS

(Signature)
District Administrative Supervisor

(Title)
2/27/84

(Date)

OIL CONSERVATION DIVISION
MAR 08 1984
APPROVED _____, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
10/25/83	1/13/84		8203'		8190'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7394' KB	W. Lindrith Gallup Dakota		7066'		8169'				
Perforations 7066'-7175', 7198'-7400', 1jspf, .4"; 7957'-7968', 7982'-7998'							Depth Casing Shoe		
8024'-8028', 2jspf, 38"; 8102'-8118', 8140'-8160', 8166'-8170', 2jspf							8203'		
.45", total of 453 holes							TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.25"		8.625", 24#, K-55		293'		350			
7.875"		5.5" (15.5#, K-55) (17#, J-55)		8203'		1670			
		2-7/8"		8169'					

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.)		
1/30/84	2/15/84	Pumping		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
48 hours 24 hrs	430 psi flowing	500 psi	N/A	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	175 87.5	92	1027	

GAS WELL

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