Submit 5 Copies
Appropriate Instrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OI . CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 DECLIFE TEOR ALL CHARLE AND AUTHORIZA

1000 Rio Brazos Rd., Aztec, NM 87410					ND AUTHO		ION		
l. Operator		TRANS	PORTC	IL AND	NATURAL	GAS	Well A	Pl No.	
AMOCO PRODUCTION COMPAN	IY							392334000	
P.O. BOX 800, DENVER, C	OLORADO	30201							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Ch Oil Casinghead G	oge in Tran	Gas 🗔	_	Other (Please	explain)			
and address of previous operator									
II. DESCRIPTION OF WELL A Lease Name JICARILLA CONTRACT 147			Name, Incl		ation PRORATED	GAS)		Lease Tederal or Fee	Lease No.
Location	170			PAIT		1720	1		FEL
Unit Letter	:	Fee	t From The	FNL	_ Line and	1720	Fcc	t From The	Lio
Section 07 Township		Ran	ige 5W		, NMPM,		RIO	ARRIBA	County
III. DESIGNATION OF TRANS			AND NAT						
Name of Authorized Transporter of Oil		'ondensate						copy of this form	
GARY WILLIAMS ENERGY CO Name of Authorized Transporter of Casingle] or [Ory Gas 🔯					LD, NM 8 copy of this form	
GAS COMPANY OF NEW MEX	co							ELD, NM	87413
If well produces oil or liquids, give location of tanks.	Unit So	[Tw _i	p. R _i I	ge. Is gas a	ictually connected	d?	When ' 	7	
If this production is commingled with that fr	om any other le	se or pool,	give commi	ngling orde	r number:				
Designate Type of Completion -		Well	Gas Well	New	Well Workove	er D	еерсп	Plug Back Sar	ne Res'v Diff Res'v
Date Spudded	Date Compl. R	ady to Pro	4.	Total D	Pepth			P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Produ ing Fo			Formation .		Top Oil/Gas Pay			Tubing Depth	
Perforations				. 1				Depth Casing SI	noe
	TUI	ING, CA	SING AN	D CEME	NTING REC	ORD			
HOLE SIZE		& TUBIN			DEPTH S			SAC	KS CEMENT
V. TEST DATA AND REQUES	r FOR ALI	OWABI	Æ						
OIL WELL (Test must be after re									ull 24 hours.)
Date First New Oil Run To Tank	Date of Test			Produc	ing Method (Flo	w, pwnp, g	us lift, et		
Length of Test	Tubing Pressur			Casing	Pressure	D) E	C.E.A.A	E
Actual Prod. During Test	Oil - Bbls.			Water	- Bbis.	n	. JL	Gas- MCF L 5 1990	
GAS WELL								1 1400	NV.
Actual Prod. Test - MCF/D	Length of Test			Bbls. C	Condensate/MMC	F	OIL	DIST. 3	Icnaile
l'esting Method (pitot, back pr.)	Tubing Pressu	(Shut-in)		Casing	Pressure (Shut-in	n)		Choke Size	*
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	tions of the Oil nat the informs	Conservation on given al	on.		OIL Co			ATION DI	
D. D. Shly							 بر_ا	ħ	/
Signature Doug W. Whaley, Staf	f Admin.	Superv		. _	3y Title			ISOR DIST	RICT #3
June 25, 1990		.03-830		-					

INSTRUCTIONS: This form is to be file I 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 or 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.

Form 3160-5 (June 1990)

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-0135 993

UNITED STATES	FORIVI AFFROVED
	Budget Burgau No. 1004
EPARTMENT OF THE INTERIOR	Expires: March 31, 19
REAU OF LAND MAN AGEMENT	Expires. Mareir 61, 10

SUNDRY NOTICES AND REPO	ADTO ON WELLS	5. Lease Designation and Serial No.		
Do not use this form for proposals to drill or to deeper		JICARILLA TRIBAL 147		
Use "APPLICATION FOR PERMIT - "	_	6. If Indian, Allottes or Tribe Name		
	•	JICARILLA APACHE		
		7. If Unit or CA, Agreement Designation		
1. Type of Well				
Oil Well Other		8. Well Name and No. JICARILLA CONT 147 #5Y		
2. Name of Operator AMOCO PRODUCTION COMPANY	Attention: WAYNE BRANAM, RM 1948	9. API Well No.		
3, Address and Telephone No.	WATTLE DID AN AND THE TO TO	300392334		
P.O. Box 800, Denver, Colorado 80201	(303) 830-4912	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		BASIN DAKOTA		
1700FNL 1720FEL Sec. 7	T 25N R 5W UNIT G	11. County or Parish, State		
1700FNL 1720FLL 366. 7	1 2011 11 011 0111 0	RIO ARRIBA NM		
12. CHECK APPROPRIATE BOX(s) TO II	IDICATE NATURE OF NOTICE . R	EPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION			
1172 OF CODMINGSION				
	Abendonment	Change of Plans		
Notice of Intent	Recompletion	New Construction Non-Routine Fracturing		
Subsequent Report	Plugging Back Casing Repair	Water Shut-Off		
	Altering Cesing Other DEMAND LETTER	Conversion to Injection		
Final Abandonment Notice		Dispose Water ort results of multiple completion on Well Completion or		
13. Describe Proposed or Completed Operations (Clearly state all pertinent details,	Recompleti	on Report and Log form.)		
Subsurface locations and measured and true vertical depths for all markers and THIS IS IN RESPONSE TO DEMAND LETTER, CERT OER OUR RECORDS INDICATE THAT THIS WELL I	FIED MAIL P 765 903 952.	PEGEIVED APR 1 0 1995 OIL COIN. DIV. DIST. 3		
14. I hereby certify that the foregoing is true and correct Signed (This space for Federal or State office use) Approved by Conditions of approval, If any:	Title BUSINESS AN Chief, Lands and f			
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willi representations as to any matter within its jurisdiction.	illy to make to any department or agency of the United Sta	tes any felse, ficticious, or fraudulent statements or		