

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

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

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

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 148 41	Well No. W. Lindrith Gallup-Dakota	Kind of Lease State, Federal or Foreign Federal	Lease No. 0900014
Location Unit Letter <u>J</u> ; <u>1800</u> Feet From The <u>South</u> Line and <u>1660</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>25N</u> Range <u>5W</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>13</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.

BDS Shaw
(Signature)

Adm. Supervisor

(Title)

7-29-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

AUG 26 1985

BY _____

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
4-17-85	5-17-85 (Dakota)		7947'		7907'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6935' GR	Gallup-Dakota		6558'		7646'				
Perforations 7605'-7634', 7564'-7578', 7592'-7598', 7422'-7434', 7036'-7044', 7094'-7130', 6724'-6790', 6796'-6806', 6810-6842'						Depth Casing Shoe			
						7947'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	24#, K55, 8-5/8"		331'		295 cu. ft.				
7-7/8"	5-1/2", 17#, J55		7947'		1720 cu. ft.				
	2-3/8"		7646'						

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-17-85 (Dakota)	7-12-85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	240 psig	825 psig	18/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	40	20	307

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Net, sack prod.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

Perforations (continued) 6854'-6874', 6880'-6918', 6558'-6620', 6632'-6650', 6658'-6678'