

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Formal 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 06 1985

I. Operator Amoco Production Co.	
Address 501 Airport Drive, Farmington, N M 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"/> Dry Gas <input type="checkbox"/> Casinghead 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 Contract 148	Well No. 40	Pool Name, including Formation W. Lindrith Gallup/Dakota	Kind of Lease State, Federal or Free Federal	Lease No. Jicarilla Cont. 148
Location Unit Letter <u>A</u> : <u>930</u> Feet From The <u>North</u> Line and <u>730</u> Feet From The <u>East</u> Line of Section <u>13</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1702, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 7101, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>13</u> Twp. <u>25N</u> Rge. <u>5W</u>	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.

BA Shaw

(Signature)

Adm. Supervisor

(Title)

November 1, 1985

(Date)

OIL CONSERVATION DIVISION

NOV 06 1985

APPROVED _____
BY _____
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 deviated 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 multiple 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 8-5-85	Date Compl. Ready to Prod. 10-5-85		Total Depth 8410'			P.B.T.D. 8200'			
Elevations (DF, RKB, RT, GR, etc.) 7346' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 7000'			Tubing Depth 8073'			
Perforations See Below						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# K-55	344'	354 cu. ft.
7 7/8"	5 1/2" 15.5# K-55	8405'	1935 cu. ft.
	2 7/8"	8073'	

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 10-5-85	Date of Test 10-23-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 91 psig	Casing Pressure 810 psig	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 88	Water-Bbls. 87	Gas-MCF 613

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Flow-1)	Casing Pressure (Shut-in)	Choke Size

Perforations:

7000'-7020', 7020'-7042', 7042'-7064', 7064'-7072', 7092'-7120', 7164'-7186',
7186'-7208', 7208'-7230', 7230'-7252', 7252'-7274', 7274'-7296', 7296'-7318',
7318'-7340', 7340'-7362', 7362'-7384', 7862'-7880', 8006'-8018', 8018'-8038',
8038'-8058', 8058'-8078'