

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
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

**RECEIVED**  
FEB 21 1986  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.	
Address 501 Airport Drive, Farmington, N M 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead 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 148	Well No. 17Y	Pool Name, Including Formation W. Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 09000-148
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Permian Corporation	Permian (Eff. 9 / 1 / 87)	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Caller Service 4990, Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15	Twp. 25N	Rge. 5W	Is gas actually connected? No	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)

February 12, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ FEB 21 1986  
BY *Frank J. Shaw*  
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 allow-  
able 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.

# COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Losses (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Losses					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## 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)

Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure of Test	Tubing Pressure	Casing Pressure	Choke Size
Production During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## WELL

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