

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 05-01-83
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 18 1985
OIL CON. DIV.
DIST. 3

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:	<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 Contract 148	Well No. 37	Pool Name, including Formation W. Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 148
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1660</u> Feet From The <u>West</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"/> 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 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) P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</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.

B.D. Shaw

Adm. Supervisor

November 14, 1985

(Date)

OIL CONSERVATION DIVISION

NOV 18 1985

APPROVED

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 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 8-24-85	Date Compl. Ready to Prod. 10-31-85	Total Depth 8367'		P.B.T.D. 8150'					
Elevations (DF, RKB, RT, GR, etc.) 7371' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 6998'		Tubing Depth 8042'					
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		350'		354 cu. ft.				
7 7/8"	5 1/2", 15.5#, J-55		8366'		2912 cu. ft.				
	2 7/8"		8042'						

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 10-31-85	Date of Test 11-2-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100 psig	Casing Pressure 900 psig	Choke Size 37/64"
Actual Prod. During Test	Oil - Bbls. 192	Water - Bbls. 572	Gas - MCF 3116

GAS WELL

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

6998'-7006', 7006'-7028', 7028'-7050', 7050'-7072', 7072'-7094',
7094'-7116', 7116'-7176', 7176'-7198', 7198'-7220', 7220'-7242',
7242'-7264', 7264'-7286', 7286'-7308', 7308'-7330', 7330'-7352',
7352'-7374', 7374'-7400', 7400'-7428', 7428'-7456', 7456'-7484',
7484'-7512', 7512'-7540', 7540'-7568', 7568'-7596', 7596'-7624',
7624'-7652', 7652'-7680', 7680'-7708', 7708'-7736', 7736'-7764',
7764'-7792', 7792'-7820', 7820'-7848', 7848'-7876', 7876'-7904',
7904'-7932', 7932'-7960', 7960'-7988', 7988'-8016', 8016'-8046'.