

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATION	
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
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3

FEB 12 1986

OIL CON. DIV.

I. Operator

Amoco Production Co.

Address

501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

☒ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Cont. 146	Well No. 21R	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or F-- Federal	Lease No. 146
Location				
Unit Letter N	1030	Feet From The South	Line and 1470	Feet From The West
Line of Section 3	Township 25N	Range 5W	, NMPL, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation Permian (Eff. 9 / 1 / 87)	P.O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Co.	P.O. Box 90 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit N Sec. 3 Twp. 25N Rge. 5W	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.

BSShaw
(Signature)

Adm. Supervisor

(Title)

2-7-86

(Date)

OIL CONSERVATION DIVISION

FEB 20 1986

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 9

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 titulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

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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 11-6-85	Date Compl. Ready to Prod. 1-18-86			Total Depth 7650'			P.B.T.D. 7547'		
Elevations (DF, RKB, RT, GR, etc.) 6651' GR	Name of Producing Formation Dakota			Top Oil/Gas Pay 7240'			Tubing Depth 7314'		
Perforations 7240'-7302'							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	312'	354 cu. ft.
7 7/8"	4 1/2" 10.4# 11.6#	7650'	3629 cu. ft.
	K-55		
	2 3/8"	7314'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 692	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot back pr.) Back Pressure	Tubing Pressure (shut-in) 639 psig	Casing Pressure (shut-in)	Choke Size .75"

Sliding Sleeve Set 3863'

Packer Set 3898'