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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Amoco Production Company  
Address: 501 Airport Drive, Farmington, N.M. 87401  
Reason(s) for filing (Check proper box):  
New Well  Change in Transporter of: Oil  Dry Gas   
Recompletion  Casinghead Gas  Condensate   
Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Apache Tribal 151</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease ID <u>Jicarilla</u>
Location Unit Letter <u>K</u> ; <u>1520</u> Feet From The <u>South</u> Line and <u>1460</u> Feet From The <u>West</u> Line Line of Section <u>9</u> Township <u>26N</u> Range <u>5W</u> , <u>NM26N</u> , <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 489, Bloomfield, N.M. 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 1899 BLOOMFIELD NM</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>9</u> Twp. <u>26N</u> Rge. <u>5W</u>	Is gas actually connected? <input type="checkbox"/> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Other	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.R.T.D.			
Elevations (D, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load cells 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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OIL CON. DIV.  
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gross of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Chore Size

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 above is true and complete to the best of my knowledge and belief.

DD Lawson  
(Signature)

District Administrative Supervisor  
(Title)

September 28, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT #1

This form is to be filed in compliance with N.M.S. 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 device tests taken on the well in accordance with N.M.S. 1102.  
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 the name of the well name or number, or transportation number each change of ownership.  
Separate forms (3-104) must be filed for each pool in and completed wells.