5	DISTRIBUTION SINTA FE	REQUEST FO	SERVATION COMMISSION R ALLOWABLE IND	Supersedes Old C-104 and C-1 Effective 1-1-65	
- L	S.G.S. AND OFFICE		PORT OIL AND NATURAL GAS	S .	
L	PERATOR GAS				
F	RORATION OFFICE	· · · · · · · · · · · · · · · · · · ·			
0	AMOCO PRODUCTION COMP.	ANY			
-	14-00				
	501 Airport Drive Fa	rmington, New Mexico 8740	Other (Please explain)		
R	eason(s) for filing (Check proper box)	Change in Transporter of:	Giner (1		
1 .	lew We!l	Oil Dry Gas	To correct locat	ion	
- 1	tecompletion Change in Ownership	Casinghead Gas Condensa	ite		
<u>ــ</u>	change of ownership give name				
ı n	ESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	nation Kind of Lease	Lease No	
ין יון	ease Name	The state of the s		or Fee Indian 102	
L	Jicarilla Apache 102	27 Tapacito Pictu	100 01223		
Ī	Location , J 1460	Feet From The South Line	and 1580 Feet From Th	East	
	Unit Letter ; ; ;		, NMPM, Rio A	rriha County	
	Line of Section 10 Tow	nship 26N Range 4W	, NMPM, RIO A.		
L		TO OF AND NATURAL GAS			
n. <u>r</u>	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)	
l		i	Ciarles to which approve	ed copy of this form is to be sent)	
ŀ			P.O. Box 1899 Bloomfield, NM 87413		
	Gas Company of New Mex	ico Pre	ls gas actually connected? Whe	n.	
Ī	If well produces oil or liquids,	Unit Sec. 1 wp. 1.44	NO L	Approximately 60 da	
Ĺ	give location of tanks.	th that from any other lease or pool, g			
1	If this production is comminged with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re	
	Designate Type of Completic		X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded 9/2/77	10/12/77	3692 Top Oil/Gas Pay	3639 [†] Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	· ·	3561'	
	6801' GL	Pictured Cliffs	3518'	Depth Casing Shoe	
	Perforations			3692'	
	3518'-3548'	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	200 sx	
	12-1/2"	8-5/8"	275 ' 3692 '	1065 sx	
	7-7/8"	4-1/2"	3092		
				<u>i</u>	
	DEOUEST E	OR ALLOWABLE (Test must be a	feer recovery of total volume of load oil	and must be equal to or exceed top o	
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l		
	Date First New Oil Run To Tanks	Date of Test			
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test		Water-Bbis.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbis.	Water - BDIS.		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	3 hours		Gravity of Condensate Choke Size	
	Actual Prod. Test-MCF/D	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
	Actual Prod. Test-MCF/D 1344 Testing Method (pirot, back pr.) Back Pressure	3 hours Tubing Pressure (Shut-in) 640	Casing Pressure (Shut-in)	Choke Size	
VI	Actual Prod. Test-MCF/D 1344 Testing Method (pirot, back pr.) Back Pressure	3 hours Tubing Pressure (Shut-in) 640	Casing Pressure (Shut-in) 640 OIL CONSERV	Choke Size .75" ATION COMMISSION	
Vi	Actual Prod. Test-MCF/D 1344 Testing Method (pirot, back pr.) Back Pressure CERTIFICATE OF COMPLIA	3 hours Tubing Pressure (shut-in) 640 NCE	Casing Pressure (Shut-in) 640 OIL CONSERV	Choke Size .75" ATION COMMISSION	
VI	Actual Prod. Test-MCF/D 1344 Testing Method (pirot, back pr.) Back Pressure CERTIFICATE OF COMPLIA	3 hours Tubing Pressure (Shut-in) 640 NCE d regulations of the Oil Conservation gives	Casing Pressure (Shut-in) 640 OIL CONSERV	Choke Size .75" ATION COMMISSION	
VI	Actual Prod. Test-MCF/D 1344 Testing Method (pirot, back pr.) Back Pressure CERTIFICATE OF COMPLIA	3 hours Tubing Pressure (shut-in) 640 NCE	Casing Pressure (Shut-in) 640 OIL CONSERV Shirt APPROVED By Original Signet	Choke Size .75" ATION COMMISSION	
VI	Actual Prod. Test-MCF/D 1344 Testing Method (pirot, back pr.) Back Pressure CERTIFICATE OF COMPLIA	3 hours Tubing Pressure (Shut-in) 640 NCE d regulations of the Oil Conservation gives	Casing Pressure (Shut-in) 640 OIL CONSERV Sir APPROVED SUPERVISOR TITLE	Choke Size .75" ATION COMMISSION	

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devitests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a sble on new and recompleted wells.

Fill out only Sections I. H. III, and VI for changes of or well name or number, or transporter, or other such change of conditions.

Gigned By

(Date)

Administrative Supervisor (Tule)

5/12/78

(Signature)