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OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

1. Operator			
AMOCO PRODUCTION COMPANY			
Address			
501 Airport Drive, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Contract 77	1	Basin Dakota	State, Federal or Fee Indian	77
Location				
Unit Letter	E	1510 Feet From The	North	Line and 930 Feet From The West
Line of Section	15	Township	23-N	Range 5-W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P. O. Box 108, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gas Company	P. O. Box 398, Bloomfield, New Mexico 87413					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	15	23N	5W	Yes	10-25-74

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

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8-22-74	6-30-75		6890'			6810'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Casing Depth		
6839' GL	Dakota		6655'			6670'		
Perforations			Is gas actually connected?			When		
6655-72' x 2 SPF			Yes			10-25-74		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			3 SACKS CEMENT		
12-1/4"	8-5/8"		410'			400 sx		
7-7/8"	4-1/2"		6890'			1st stage 460 sx		
	2-3/8"		6670'			2nd stage 1250 sx		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

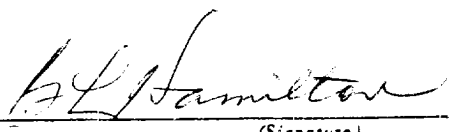
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
146	24 hrs.	5	56
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	100	425	1"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Area Adm. Supvr.
(Title)
July 2, 1975
(Date)

OIL CONSERVATION COMMISSION	
JUL 3 1975	
APPROVED	19
Original Signed by Emery C. Arnold	
BY	SUPERVISOR DIST. #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 deviation 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 multiply