	HO. OF COPIES SELE	riven	1	5
i	DISTRIBUTION			
	SANTA LE		17	
	FILE	1		
	U.S.G.S.			
	LAND OFFICE			
	TRAHSPORTER	OIL	/	
		GAS	17.	
1.	OPERATOR		1	
	PRORATION OFFICE			
•	Operator			
	Amaga Drodu		mn a	

Ì	SANTA LE		FOR ALLOWABLE	Supersedes Old C-104 and C-110					
- }	FILE /		VHD	Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS					
	OIL /								
	TRANSPORTER GAS /		_						
	OPERATOR /	•	30 -	-039- 23/77					
1.	PRORATION OFFICE								
	Amoco Production Company								
	Address								
	501 Airport Drive Farmington, NM 87401								
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of:								
	Recompletion	Oil Dry Gas	. 🗆						
	Change in Ownership	Casinghead Gas Conden	sale						
•	If change of ownership give name								
	and address of previous owner								
11.	DESCRIPTION OF WELL AND I	LEASE							
	Lease Name	Well No. Pool Name, Including Fo	- '	or Fee Indian 147					
	Jicarilla Contract 147	4E Basin Dakot	a clos, term	illuran 147					
		50 Feet From The North Line	and 1120 Feet From T	heWest					
	Unit Letter	Test Float Fite							
	Line of Section 5 Tow	mship 25N Range 5	W , NMPM, I	Rio Arriba County					
	PROJECT ATTOM OF TRANSPORT	ER OF OIL AND NATURAL GA	8						
11.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)					
	Plateau, Incorporated		4775 Indian School Rd, 1 Address (Give address to which approv	NE, Albuquerque, NM 87110					
	Name of Authorized Transporter of Cas.								
	Gas Company of New Mex	Unit Sec. Twp. Pge.	P.O. Box 1899, Bloomfield Is gas actually connected? Whe						
	If well produces oil or liquids, give location of tanks.	E 5 25N 5W	No !	Approximately 30 days					
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:						
	COMPLETION DATA								
	Designate Type of Completio	n = (X)	X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	12-18-79	3-6-80	7438 Table College Provi	7409 Tubing Depth					
	Elevations (DF, RKB RT, GR, etc.) 6677 GL	Name of Producing Formation Dakota	Top Oll/Gas Pay 7081	7284					
	Perforations	Dakota	7,001	Depth Casing Shoe					
	7081-7274 '			7438					
			CEMENTING RECORD DEPTH SET	SACKS CEMENT					
	HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8", 24.0#	309'	315 sx					
	7-7/8"	4-1/2", 11.6#	7438'	515 sx					
		2-3/8"	7284	1					
			1						
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.)						
			Casing Pressure	Lehoke Size					
	Length of Test	Tubing Pressure	Cushing Pressure	PEILEN!					
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Co West					
				1/680					
			, ,	161, -201					
	Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST.					
	1240	3 hours							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	Back Pressure	2406	2408	TION COMMISSION					
VI.	CERTIFICATE OF COMPLIANCE	C E	APR 181	980					
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19					
	Commission have been complied wabove is true and complete to the	vith and that the information given	TITLE SUPERVISOR DISTRICT # 3 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.						
	above is true and complete to the	best of my knowledge and control							
	- tal Sig gv⊙?	gned By							
		olure)							
	District Administrativ								
	(Tie								
	3-28-8.0								
	(Da	nte)	Separate Forms C-104 mus	it be filed for each pool in multiply.					
			completed wells.						