

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
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:
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 Jicarilla Apache Tribal	Well No. 124	Pool Name, including Formation Lindrieth Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Contract
Location				
Unit Letter J	Feet From The 1850	South Line and	1820	Feet From The East 124
Line of Section 14	Township 25N	Range 4W	Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Plateau Incorporated		P.O. Box 26251, Albuquerque, NM 87125		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Gas Company of New Mexico		P.O. Box 1399, Bloomfield, NM 87413		
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 23	Twp. 25N	Rge. 4W
Is gas actually connected?		When		
No				

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 8/10/80	Date Compl. Ready to Prod. 9/22/80	Total Depth 8062'	P.B.T.D. 8017'					
Elevations (DF, RKB, RT, GR, etc.) 7131' GL	Name of Producing Formation Lindrieth Gallup/Dakota West	Top Oil/Gas Pay 7794'	Tubing Depth 7964'					
Perforations 7794-7798, 7808-7812, 7816-7822, 7918-7924, 7954-7980			Depth Casing Shoe 8062'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	302'	315 -sx					
7 7/8"	5 1/2"	8062'	1555 -sx					
	2 7/8"	7964'						

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 10/3/80	Date of Test 5/6/81	Producing Method (Flow, pump, gas lift, etc.) Pumping		Casing Pressure 100		Choke Size .75"	
Length of Test 24 hrs.	Tubing Pressure 100	Water - Bbls. 8		Gas - MCF 79			
Actual Prod. During Test	Oil - Bbls. 23						

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Grav. Condensate/MMCF	Grav. of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED Original Signed by FRANK T. CHAVEZ	
Original Signed By E. E. SVOBODA		MAY 13 1981	
District Administrative Supervisor		BY	
(Signature)		TITLE	
5/13/81		SUPERVISOR DISTRICT # 7	
(Date)		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 must be filed for each pool in multiple completions.	