

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
ALBUQUERQUE	
EL PASO	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

I. Operator Amoco Production Company

Address 501 Airport Dr., Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Contract 148</u>	Well No. <u>25</u>	Pool Name, including Formation <u>Otero Chacra</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	<u>Jicarilla</u> Contract
Location				<u>148</u>
Unit Letter <u>A</u>	<u>1120</u>	Feet From The <u>North</u> Line and <u>1120</u>	Feet From The <u>East</u>	
Line of Section <u>15</u>	Township <u>25N</u>	Range <u>5W</u>	<u>NMPM</u>	<u>Rio Arriba</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<u>Northwest Pipeline Corporation</u>	<u>P. O. Box 90, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>NO</u>

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 <u>12-10-80</u>	Date Compl. Ready to Prod. <u>3-1-81</u>	Total Depth <u>4274'</u>	P.B.T.D. <u>4228'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>7002' G.L.</u>	Name of Producing Formation <u>Otero Chacra</u>	Top Oil/Gas Pay <u>4116'</u>	Tubing Depth <u>3304'</u>					
Perforations	<u>4116' - 4140'</u>		Depth Casing Shoe <u>4274'</u>					

TUBING, CASING, AND CEMENTING RECORD

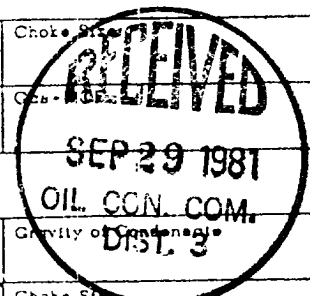
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>300'</u>	<u>315 SX</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>4274'</u>	<u>870 SX</u>
	<u>2-3/8"</u>	<u>3304'</u>	

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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>1114'</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>632 PSIG</u>	Casing Pressure (shut-in) <u>-- PSIG</u>	Choke Size <u>.75"</u>



VI. 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.

Original Signed By
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

September 28, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

OCT 16 1981

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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.

Duplicate forms must be filed for each pool in multiple