| ſ | A Production of the Confession | | ! | | |
|----------|--|--|--|---|--|
| 1 | DISTRIBUTION | | | | |
| , | SANTA FE | | ONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 | |
| 1 | FILE | REQUEST P | FOR ALLOWABLE AND | Effective 165 | |
| Ì | V.5.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL GA | c crewell | |
| | LAND OFFICE | ACTION ENTON TO THE | THE STATE PARTY OF THE STATE OF | QILLI* ** \ | |
| | TRANSPORTER DIL GAS / | | | Q week | |
| | OPERATOR / | | | OIL' CON. CO | |
| ì | PRORATION OFFICE | | | CON. CO | |
| • | AMOCO PRODUCTION COMPANY | | | | |
| | | | | | |
| | Address 501 Airport | 501 Airport Drive, Farmington, New Mexico 87401 | | | |
| | | | | | |
| | Reason(s) for filing (Check proper box) | Change in Transporter of: | Office (7 tease explain) | | |
| | New Wall Recompletion | Oll Dry Gas | X | | |
| | Change in Ownership | Casinghead Gas Condens | | | |
| | | | | | |
| | If change of ownership give name | | | | |
| | d address of previous owner | | | | |
| 21. | DESCRIPTION OF WELL AND I | LEASE | | | |
| | Lease Name | Well No. Pool Name, Including Fo | | Federal Lease No. | |
| | Jicarilla Contract 155 | 12 South Blanco Pi | Ctured Cllirs State, Federal o | Fee Jic. Contract 155 | |
| Location | | | | | |
| | Unit Letter K : 170 | O Feet From The South Line | e and 1850 Feet From The | e West | |
| | | | | -41- | |
| | Line of Section 32 Tow | rnship 26-N Range 5 | -W , NMPM, Rio Ari | riba County | |
| | | | | | |
| III. | DESIGNATION OF TRANSPORT | or Condensate | Address (Give address to which approved | d copy of this form is to be sent) | |
| | Name of Authorized Transporter of Off | or condensate | | | |
| | Name or Authorized Transporter of Cas | inghead Gas or Dry Gasax | Address (Give address to which approved | d copy of this form is to be sent) | |
| | Northwest Pipeline Cor | | 501 Airport Drive, Farm | ington, New Mexico 87401 | |
| | | Unit Sec. Twp. Age. | Is gas actually connected? When | | |
| | It well produces oil or liquids, give location of tanks. | | Yes | 11-13-69 | |
| | | I this production is commingled with that from any other lease or pool, give commingling order number: | | | |
| | COMPLETION DATA | DMPI FTION DATA | | | |
| 2 V . | | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | |
| | Designate Type of Completion | | ļ | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | | | | Tubing Depth | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Off/Gas Pay | Tabing Depti: | |
| | | | | Depth Casing Shoe | |
| | Perforations | rations | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | HOLE SIZE | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| V. | EST 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) | | | | |
| | OIL WELL | dote joi tilla de | Producing Method (Flow, pump, gas lift, | etc.) | |
| | Date First New Cil Run To Tanks | Date of Test | Producing wathou (1 total pump, gare 1971) | | |
| | | Tubing Pressure | Casing Pressure | Choke Size | |
| | Length of Test | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | |
| | stockers a control or many a con- | | | | |
| | | | | | |
| | GAS WELL | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | |
| | | | | Choke Size | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | | | | | |
| Vi. | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | |
| | | | | . 19 | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | APPROVED | | |
| | | | By Original Signed by A. R. Kendrick | | |
| | | | PETROLEUM ENGINEER DIST. NO. 3 | | |
| | Original Septed by | | | | |
| | G. L. RAMATON | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | |
| | | | I will able form must be sccompso | 190 DA # (#DRIELION OF THE GAATELION | |
| | (Signature) | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| | Area Administrative Supervisor | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | |
| | · · | (Title) December 28, 1973 | | ITI and VI for changes of owner, | |
| | | 8, 1973 ate) | well name or number, or transporter, or other such change of condition. | | |

December 28, 1973