

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Amoco Production CompanyAddress
501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache 102	Well No. 12	Pool Name, including Formation Basin Dakota-B.S. Mesa Gallup	Kind of Lease State, Federal or Per Federal	Lease No. Jicarilla Apache 102
Location Unit Letter <u>G</u> ; <u>1590</u> Feet From The <u>North</u> Line and <u>1785</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>26N</u> Range <u>4W</u> , N.M.P.M., Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9
	Twp. 26N	Rge. 4W
Is well actually connected? Farmington, New Mexico 87401		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.R.T.D.			
Elevations (D), RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, 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	Gas - MCF
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.District Administrative Supervisor
(Title)September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with N.M.A.C. 10.1.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviated tests taken on the well in accordance with N.M.A.C. 10.1.1.

All sections of this form must be filled out accurately for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for a request of new well name or number, or transportation of other such change of name.

Separate Forms C-104 must be filed for each pool in multi-completed wells.