		. 4	
DISTRIBUTION			<u> </u>
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND	NATURAL G	M3							
	TRANSPORTER OIL											
	GAS											
_	PRORATION OFFICE											
1.	Operator											
	AMO CO PRODUCTION COMPANY Address FOLL Address Project Proje											
	501 Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)											
	New We!1	Change in Transporter of:			gas transporte	r from						
	Recompletion	Oil Dry Gas										
	Change in Ownership Casinghead Gas Condensate of New Mexico											
	If change of ownership give name											
	and address of previous owner											
II. DESCRIPTION OF WELL AND LEASE												
Lease Name Well No. Pool Name, Including Formation Kind of L					ì	Lease No.						
	Jicarilla Apache 102 4 Tapacito Pictured Cliffs State, Federal or Fee				crree Indian	102						
	Location 1/50 Feet From The South Line and 1450 Feet From The West											
	Unit Letter K ; 14	50 Feet From The South Line	e and <u>1450</u>	reet.rom 1	he <u>West</u>							
	Line of Section 4 Tow	nship 26-N Range	4-W , NMP	۸, Ri	o Arriba	County						
			_									
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S Address (Give address	to which approv	ed copy of this form is to	be sent)						
	Name of Authorized Transporter of Oli											
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas XX	1		ed copy of this form is to	1						
	Gas Company of New Mexi	co	P. O. Box 1899, Bloomfield, New Mexico 87413									
	If well produces oil or liquids,	Unit Sec. Twp. F.ge.	Is gas actually connec	ted? Whe	9-25-58							
	give location of tanks.		Yes	, <u>1</u>	9-23-36							
***	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	er number:	· · · · · · · · · · · · · · · · · · ·							
14.	COMPLETION DATA	Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.						
	Designate Type of Completio		<u> </u>	! 	P.B.T.D.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.1.D.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth							
	Distances (DI, Mill), MI, ON, ELL.)											
	Perforations			Depth Casing Shoe								
		CENENTING BECO	<u> </u>									
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH S		SACKS CEME	ENT						
	HOLE SIZE	CASING & FORING SIZE										
				una of load oil o	and must be equal to or ex	seed top allow-						
V.	TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 how	75)								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lif	t, etc.)	S 5						
			O D D		Choke Size							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size III. CO.	7. A						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas MCF							
	Actual Piod. Dalling 1001											
GAS WELL Bbis, Condensate/MMCF Gravity of Condens												
	Actual Prod. Test-MCF/D	Length of Test	35									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size							
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION									
			APPROVED !	707 0		19						
	I hereby certify that the rules and a	APPROVED OCT 2										
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Area Adm. Suppr. (Title) October 27, 1976 (Date)			D1									
			TITLE SUPERVISOR DIST. #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									
							II	I				
			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 C-104 must be filed for each pool in multiply completed wells.									
							•		Separate For	ms C-104 mus	of the series in: seem b.	