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SANTA FE	1 /	CONSERVATION COMMISSION	Form C-104
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.		AND	
LAND OFFICE	AUTHORIZATION TO TR. Eff. 2-10N To TR. Con Petro. Con American Petro. Con Con Changed its name to PROD.	ANSPORT OIL AND NATURAL GA	AS
OIL I	Eff. Petro. t	0	
TRANSPORTER GAS /	1 de la como de la com		
OPERATOR /	ran America its non- has changed FROD. 60.		
	has Change Pres		
I. PRORATION OFFICE	- New Park		COFIL
1 '	ROLEUM CORPORATION		OFFINA
Address	AUDIO CONTINUE	· · · · · · · · · · · · · · · · · · ·	/ KLULIVIN
	e, Farmington, New Mexi-	co 87401	
Reason(s) for filing (Check proper box		Other (Please explain)	APP 9 10co
New We!l	Change in Transporter of:	Office (1 tease explain)	1 1/ 0 1909
Recompletion X	Oil Dry G		CIL CON. COM.
Change in Ownership	· ·	ensate	DIST. 3
Change in Ownership	CdsInghedd Gds Conde	silodie	5,51, 3
If change of ownership give name			
and address of previous owner		· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including I	Formation Kind of Lease	Lease No.
Jicarilla Apache 102	8 Undesignated		or Fee Indian-Jicarilla
Location			Apache 102
,	g s t	1490	110.00
Unit Letter;1790	Feet From The South Li	ne and Feet From Ti	he West
Line of Section 3	mehin 26-W Bange	4-W NMPM. Rio A	vvi he
Line of Section To	vnship 20-3 Range	, NMPM, \$10 A	TT104 County
		• •	
III. DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil		AS Address (Give address to which approve	ed cary of this form is to be sent)
	of Condensate	i	
Plateau, Inc.		P. O. Box 108, Farmingt. Address (Give address to which approve	on, New Mexico 87401
Name of Authorized Transporter of Car			
El Paso Matural Gas C		P. O. Box 990, Farmingt	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	1
give location of tanks.	K 3 26H 4W	No	
If this production is commingled wi	th that from any other lease or pool,	, give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	Taran Wall Washington	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic	n (X)	New Well Workover Deepen	Plug Back Same Nes-V. Dill. Nes-V.
		<u> </u>	, <u>X</u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
May 8, 1963	March 12, 1969	8120*	8075'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GL 6913', RKB 6924'*	Gallup	7372'	7323'
Perforations			Depth Casing Shoe
7372-77', 7379-84' x 4	SPF		8111
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4"	203'	140
9-7/8"	7-5/8"	3902'	140
6-3/4"	4-1/2"	8111	500
V. TEST DATA AND REQUEST F	OR ALLOWARIE /Test must be	after recovery of total volume of load oil a	nd must be equal to or exceed top allow
OIL WELL		lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	1		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	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 - MCF		

GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate 3 hr.
Tubing Pressure (shut-in) 1332 (AOF 2489) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size Open flow with choke 1468 psig 3/4" 1455 paig

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

omoinal signed by G. W. File. M.	
 (Signature)	
Ares Engineer	
 (Title)	
April 3, 1969	
 (Date)	

OIL CONSERVATION COMMISSION MAY 2 7 1969

By Original Signed by Emery C. Arnold

SUPERVISOR DIST. #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.

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

