

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Apache 102	10	Basin Dakota-B.S. Mesa Gallup	State, Federal or Private	Jicarilla
Location				Apache 102
Unit Letter	D	890 Feet From The	North Line and	1030 Feet From The
Line of Section	4	Township	26N	Range
			4W	N.M.P.A.
				Rio Arriba
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P.O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	P.O. Box 90					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	4	26N	4W	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	Same as last	Diff. from
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (D, RT, CR, 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 lead oil and must be equal to or exceed top 10% of
able for this depth or be for full 24 hours)

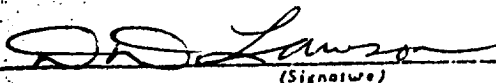
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

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OIL CON. DIV.
DIST. 3
SEP 29 1983

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Chore 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.
(Signature)

District Administrative Supervisor

(Title)

September 28, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filed in compliance with N.M.C. 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 deviated
tests taken on the well in accordance with N.M.C. 1104.
All sections of this form must be filled out appropriately for all
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for the purpose of new
well name or number, or transportation other such change of records.
Separate Forms G-104 must be filed for each pool in multi-
completed wells.