موسعون نارون سندوم				
NO. OF COPIES RECEIVED			5	
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SANTA FE		1		
FILE		1		
u.s.g.s.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	1		
OPERATOR		2		
PROBATION OFFICE				

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DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION			
SANTA FE	<u> </u>	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1			
FILE /	REGUES	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	646		
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
OIL	-				
TRANSPORTER GAS /					
OPERATOR Z					
PRORATION OFFICE Operator					
AMOCO PRODUCTION C	OMPA NV				
	OUEVAT				
Address		02104			
501 Airport Drive,	Farmington, New Mexico	87401			
Reason(s) for filing (Check proper b	ox)	Other (Please explain)			
New West	Change in Transporter of:		•		
Recomples on	Oil Dry C	Gas []			
Change in Ownership	Casinghead Gas Cond	ensate			
If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND Lease Name			Inglan		
Jicarilla Apache 102	17 Tapacito Pic	tured Cliffs State, Fede	eral or Fee 102		
Location			1		
Unit Letter H	1850 Feet From The North L	ing and 790 Feet From	n The Rast		
Unit Letter;;	restrion ine erwapes L	r eet r for	<u></u>		
Line of Section 3	Township 26-N Range	4-W , NMPM, R1	Arriba County		
Line of Section 3	Township Ze-A ridinge	, Ivoli IVI,	ALILDA		
L DECLOS ATTON OF TRANSPO	DTED OF OIL AND NATURAL C	AC			
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G		roved copy of this form is to be sent)		
Reme of Admortzed Transporter of C	or contensate	Manage (Oste assiste a anti-	, , , , , , , , , , , , , , , , , , , ,		
None		hadaaa (Ciaa addaaa to mhiah ann	round conv of this form is to be cent!		
Name of Authorized Transporter of C	Casinghead Gas 🔲 💮 or Dry Gas 🕱	Address (Give agaress to which app	roved copy of this form is to be sent)		
Gas Company of New M	exico	P. O. Box 1899, Bloom	afield, New Mexico 87413		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	Vhen		
give location of tanks.		No			
If this production is commingled	with that from any other lease or pool	. give commingling order number:			
COMPLETION DATA	with that from any other reads of poor	, give commissing order			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comple	\mathbf{X}	x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
11-11-76	12-12-76	3860 1	3826*		
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth		
6975' KB, 6963' GL	Pictured Cliffs	3734'	3793* Depth Casing Shoe		
Perforations					
3734-76', 3782-92' x			3859 1		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8" csg.	256'	175		
6-3/4"	4-1/2" csg.	3859 '	900		
	2-3/8" tbg.	37931			
	2-3/G LPS		The state of the s		
The state of the s	DOD ALLOWARIE (T. A	- in the second second section of land a	il and must be equal to or exceed top allow		
TEST DATA AND REQUEST	able for this	after recovery of total volume of load of lepth or be for full 24 hours)	it dig mast be equal to be exceed top atton		
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Sale i list ites su itali i s i ama					
		Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Casing Fressure	VOIL CON VOIN		
			N		
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MD131. 3		
·					
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
1					
353	3 hr.	Cooling Dispersion (Charles 4 m)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
back pressure	952	955	.75		
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
. CERTIFICATE OF COMEDIA					
	d completions of the Oil Occasion		, 19		
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.		A	t D Way And and		
		By Uriginal Signed by	By Original Signed by A. R. Kandrick		
		TITLE STATE	<u> </u>		
		· ·			

VI.

(Title)

Area Adm. Supvr.

January 10, 1977
(Date)

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.