DISTRIBUTION	/						•
SANTA FE	NEW MEXICO OI				Form C-104	Form C-104	
1 LE		REQUEST FOR ALLOWABLE AND				Supersedes O Effective 1-1-	ld C-104 and C
U S.G.S.	ALITE	IORIZATION TO T	• • • • • • • • • • • • • • • • • • •	checuve (-).	-65		
LAND OFFICE		IORIZATION TO T	KANSPUK	I UIL AND	NATURAL GAS		
TRANSPORTER OIL							
GAS							
PRORATION OFFICE							
Operator							
Amoco Produ	ction Company	7					
Address							· · ·
501 Airport	Drive, Farmi	Ington, New Me	xico 87	401			
Reason(s) for filing (Check pro	per box)			Other (Pleas	e explain)		
	Change in Transporter of:						
	Recompletion Oil Dry Change in Ownership Castnahead Gas Const						
Change in Ownership	Casinghe	ead Gas Con	densate				
If change of ownership give n and address of previous owne	ame r						
II. DESCRIPTION OF WELL	AND LEASE				· · · · · · · · · · · · · · · · · · ·		
Lease Name	Well No.	Pool Name, Including	Formation		Kind of Lease	····	Lease No.
Jicarilla Apache 1	02 18	Tapacito	Pictured	Cliffs	State, Federal or Fe	e Indian	102
Location							202
Unit Letter ** ;	<b>1665</b> Feet Fro	om The	ins and	1515	Feet From The	West	
Line of Section 9	Township 26	-N Range	4-W	, NMPM	, Rio Ai	criba	County
III. DESIGNATION OF TRANS							County
Name of Authorized Transporter		or Dry Gas 😿			o which approved cop		,
Gas Company of New			P. O.	Box 1899	, Bloomfield,	New Mexic	o 87413
If well produces oil or liquids, give location of tanks.	Unit Sec	nit Sec. Twp. Rge.		Is gas actually connected? W		Approx. 60 days	
If this production is commingl	ed with that from ar	ny other lease or poo	, give comm	ingling order			
IV. COMPLETION DATA		Oil Well Gas Well	New Well	Workover	Deepen Plug	Back I Com D	4
Designate Type of Com	pletion = (X)	X	X	HOLKOVEL	Deepen Plug	Back . Same Hes	v. Diff. Restv
Date Spudded	Date Compl. F		Total Dep	th	P.B.7	r.D.	
2-23-77	3	15-77		41001		40541	
Elevations (DF, RKB, RT, GR,	etc.; Name of Produ	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
7133' GL				<b>3852 '</b> Depth		3911'	
Perforations	*		Casing Shoe			_	
3852-3888'		TIRING CASING AN	ID OF HEND			4100'	
HOLE SIZE		UBING, CASING, AN	CEMENT				<del></del>
12-1/4"		CASING & TUBING SIZE		257 T		SACKS CEMENT	
	7-7/8" 4-1/2"		4100			250	
				4,00		960	
V. TEST DATA AND REQUES	T FOR ALLOWA	BLE (Test must be	after recovery	of total volum	ne of load oil and mus	be equal to as e	xceed ton allow
OIL WELL	<del></del>	able for this a	epth or be for	full 24 hours)	ا ا		
Date First New Oil Run To Tank	Date of lest	Date of Test		Producing Method (Flow, pump, gas li		ft, esc.)	
Length of Test	ength of Test Tubing Pressure		Casing Pressure		· · · · · · · · · · · · · · · · · · ·	Tobaha Sta	
			And treasms			Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water - Bbla		Gas - N	ACF	4
						- <del></del>	e J
					7/2	<del></del>	
GAS WELL					•	ta Tanan makan makan menantah	, ;
Actual Prod. Test-MCF/D	Length of Test	Bbls. Cond	ensate/MMCF	Grantt	Gravity of Condensate		

Back Pressure VI. CERTIFICATE OF COMPLIANCE

March 24, 1977

Testing Method (pitot, back pr.)

IV

OIL CONSERVATION COMMISSION APPROVED.

Casing Pressure (Shut-in)

382

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.

3 hr.

Tubing Pressure (Shut-in)

382

By Original Signed by TITLE MARKET

Area Adm. Supvr.

(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.

Choke Size

48/64

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.