	DISTRIBUTION SANTA FE LE LS.G.S.	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Effective 1-1-	ld C-104 and C-: 65						
ı.	TRANSPORTER OIL GAS / OPERATOR /											
	AMOCO PRODUCTION COMPANY Address 501 AIRPORT DRIVE, FARMINGTON, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)											
	New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate											
	and address of previous owner											
11.	Leose Name Jicarilla Apache 102 Location	Well No. Pool Name, Including	g Formation	Kind of Lease State, Federal or	Fee Indian	Lease No.						
	Unit Letter 0; 10;	10 Feet From The South	Line and	Feet From The	- Rast							
	Line of Section 9 To	ownship 26-N Range	4-W , NMPM	Rio Arri	>a	County						
III.	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)											
	Gas Company of New Man If well produces oil or liquids, give location of tanks.	ma.	P. O. Box 1897 Is gas actually connecte	Bloomfiel When	ld, NM 87413	o be sent)						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA											
	Designate Type of Completi	on - (X) Oil Well Gas Well		Deepen P	lug Back Same Res	o'v. Diff. Res'v						
	Date Spudded 8/7/77	Date Compl. Ready to Prod. 9/27/77	Total Depth	P	.в.т.р. 3992 ¹							
	Elevations (DF, RKB, RT, GR, etc.) 7158 GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3850 •	T	ubing Depth 3893							
	Perforations 3850-3894 !			epth Casing Shoe								
	HOLE SIZE	TUBING, CASING, A CASING & TUBING SIZE	ND CEMENTING RECOR		SACKE CEN							
	12-1/4"	8-5/8"	2631		SACKS CEMENT							
	7=7/8"	4-1/2"	825		200 sx 825 sx							
v .	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	e after recovery of total volum depth or be for full 24 hours) Producing Method (Flow,			xceed top allow							
	Length of Test	Tubing Pressure	Casing Pressure	CI	Chole Size							
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Go	Gal-MCF CT 19 20M							
'.					OIL DIE	5- 3- /						
r	Actual Prod. Test-MCF/D											
	974	Length of Test	Bbls. Condensate/MMCF	Gr	avity of Condensate							
}	Testing Method (pitot, back pr.)	3 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in) C		Choke Size							

Back Pressure 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.

354

Area Adm. Super.

October, 17, 1977

500 OIL CONSERVATION COMMISSION

75

Casing Pressure (Shut-in)

APPI	ROVED	CCT	*	9	5/] 1)
						Kendrick	
		PERVISOR					

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. Comments Dames C 104 must be filled for each most in multiply