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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API 30-039-21676

Operator		AMOCO PRODUCTION COMPANY	
Address			
501 Airport Drive Farmington, NM 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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
Jicarilla Apache Tribal	151 #6	Basin Dakota	Indian
Location		State, Federal or Fee	
Unit Letter A		1190 Feet From The North Line and 1060 Feet From The East	
Line of Section 9		Township 26N Range 5W, NMPM, Rio Arriba County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>
Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>
Gas Company Of New Mexico	Address (Give address to which approved copy of this form is to be sent)		
P.O. Box 108 Farmington, NM 87401			
P.O. Box 1899 Bloomfield, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
A	9	26N	5W

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
		X	X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/28/78	12/16/78	8270'	8266'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7217' GL 7230' KB	Dakota	8027'	8234'
Perforations	Depth Casing Shoe		
8027-32', 8039-52', 8144-58', 8184-88', 8190-8200'	8270'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8"	290'	270 sx
8-3/4"	7"	4000'	590 sx
6-1/4"	4-1/2"	8270'	467 sx

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bble.	Gas-MCF
Actual Prod. During Test	Oil-Bble.		

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
1229	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2122	2450	.75"

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.	
Original	
E. E. Sy.	(Signature)
District Administrative Supervisor	(Title)
1/5/79	(Date)

OIL CONSERVATION COMMISSION	
JAN 11 1979	
APPROVED	19
BY	Original Signed by A. R. Kendrick
TITLE	SUPERVISOR
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.	