

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE	
FILE	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	
RECEIVED	

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

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 Contract 155	16E	Basin Dakota	State, Federal or Foreign Federal	Jicarilla Contract 155
Location	Unit Letter	Feet From The	Line and	Feet From The
	G	1840	North	1520
			East	
Line of Section	30	Township	26N	Range
			5W	NMPM, 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					
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? ☐ When ☐
	G	30	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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Site Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (ID# 1, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
NEW 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED OIL CON. DIV. 1 SEP. 3 1983
Length of Test	Tubing Pressure	Casing Pressure	
Test Prod. During Test	Oil - Bbls.	Water - Bbls.	

OLD WELL

Test Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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 is true and complete to the best of my knowledge and belief.

DD Lawson
(Signature)

District Administrative Supervisor

(Title)

September 28, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY *Frank J. [Signature]*
TITLE _____

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 change of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiply completed wells.