

P O BOX 2088

SANTA FE, NEW MEXICO 87501

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTED	OIL	
	GAS	
OPERATION		
PRODUCTION OFFICE		

If change of ownership give name
and address of previous owner _____

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Apache 102	10E	Basin Dakota	State, Federal or Fee Federal	Jicarilla Apache 102
Location				
Unit Letter <u>K</u> : <u>1700</u> Feet From The <u>South</u> Line and <u>1530</u> Feet From The <u>West</u>				
Line of Section	Township	Range	. NMPM, Rio Arriba County	
4	26N	4W		

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Plateau Incorporated					4775 Indian School Rd. NE, Albuquerque, NM 87110	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	4	26N	4W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion -- (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
7-28-80	9-29-80		8410'			8364'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
7196' GL	Dakota		8022'			8281'			
Perforations 8022-8068, 8162-8169, 8205-8225, 8252-8278, 8294-8300, 8314-8320						Depth Casing Shoe			
						8410'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8"		323'			315 sx			
8 3/4"	7"		4250'			720 sx			
4 1/2"	4 1/2"		8410'			725 sx			
	2 3/8"		8281'						

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
127	3 Hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1865	1865	.75"

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Witness Signed By
J. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

March 10, 1981

(Cont)

APPROVED MAR 17 1981, 19
BY Original Signed by FRANK J. CHAVEZ
TITLE SUPERVISOR DISTRICT # 1

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.