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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

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	Lease No.
Jicarilla Apache 102	11E	Basin Dakota	State, Federal or Free Federal	Jicarilla Apache 10
Location				
Unit Letter	M	Feet From The	South	Line and
	1110			1065
Line of Section	10	Township	26N	Range
			4W	
			NM 1114	Rio Arriba

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				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	M	10	26N	4W
				Is gas actually connected?
				Yes

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	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.D.				
Elevations (D)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Perforations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Machine (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

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 above 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

BY *Frank J. [Signature]*
SUPERVISOR DISTRICT #8

TITLE

This form is to be filed in compliance with Rule 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with Rule 1104.
All sections of this form must be filled out completely for wells on new and recompleted wells.
Fill out only Sections 1, 11, 111, and 1111 for existing wells.
Well name or number, or name of other such owner of well.
Separate forms must be filed for each well and for each recompleted well.