i.

DISTRIBUTION SANTARE

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

V.E.O.E.			_		
LAND OFFICE	REQUEST FO	R ALLOWABLE			
TRANSPORTER OIL	A	ND .			
OPERATOR PRODATION OFFICE Operator	AUTHORIZATION TO TRANS	PORT DIL AND NATU	RAL GAS		· · · · · · · · · · · · · · · · · · ·
Amoco Production	Company		•		
Address 501 Aimport Drive	Farmington NM 87/01		•		
Reason(s) for living (Check proper ba	, Farmington, NM 87401	Other (Pleas	e explain)		
New Well .	Change in Transporter of:	Omet (1 tess)			
Recompletion	OII Dry Go		*. ,		
Change in Ownership	Casinghead Gas Conder	nsate			
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF WELL AND					
Lease Name	Well No. Pool Name, Including F		Kind of Lease	orFoo Federal	Lease No. Jicarilla
Jicarilla Contract 155	25 Gonzales Mesa	verde	Sidle, Federal	or ree rederar	Contract
	80 Feet From The South Lin	• and1570	Feet From Ti	e East	155
Line of Section 30 To	wnship 26N Range	5W , NMPM	, Rio Ar	riba	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address	to which approve	ed copy of this form is t	o be sent)
Plateau, Inc.	T. A.	P. O. Box 2625.			
Name of Amnoniand Transporter of Ca	· ' ' '	Address / Open address			o be sent)
W1 Paso Natural Gas Co	Unit Sec. Twp. Rge.	P. U. Box 990,			
If well produces oil or liquids, give location of tanks.	0 30 26N 5W	No	<u>.</u>		· · · · · · · · · · · · · · · · · · ·
If this production is commingled w. COMPLETION DATA	th that from any other lease or pool,	give commingling orde	,	Plug Back Same Res	ty Diff Resty
Designate Type of Completi	on – (X) X	X		P.B.T.D.	1
Date Spudded 10/19/80	Date Compl. Ready to Prod. 2/23/81	Total Depth 53551		5325'	
Elevations (DF, RKB, RT, GR, etc.) 6572 GL	Name of Producing Formation Mesaverde	Top Oli/Gas Pay 4974'		Tubing Depth 5245	
	90'-4996'; 5005'-5012'; 5 182'-5186'; 5207'-5212';5		21-52701	Depth Casing Shoe 5355	
3100 -3139 ; 3	TUBING, CASING, AND				
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEN	ENT
12-1/4"	8-5/8"	307'		300 sx	
7-7/8"	5-1/2" 2-1/16"	5355 <u>'</u> 5245 '		1040 sx	
	2-1/10	J			
TEST DATA AND REQUEST F		fter recovery of total volu pth or be for full 24 hours		nd must be equal to or e	exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	Car lift,	etc.)	
Length of Test	Tubing Pressure	Casing Press of	LIVES	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bble MAD	30 1 981	Qas-MCF	
		1			
		L = · · · ·	ON. COM.	/	
GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbls. Condensate OlMC		Gravity of Condensate	
162	3 hrs.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut	-in)	Choke Size	
Back pressure	820 PSIG	011 0	CNCCOVATI	.75"	
CERTIFICATE OF COMPLIAN	CE			ON DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given shows in true and complete to the best of my knowledge and belief.		APPROVED APR 7 198] BY Original Signed by FRANK T. CHAVEZ			
		emp. pareon Dietriet # \$			
		11166.			
Original Signed By	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly drilled or despende				
E. E. SVOBO	atwe) .	wall it is form mus	nacomosa ed t	led by a tebulation o	nollwiveb edt 1
Dist. Admin. Supyr.	,	tests taken on the	well in accord	ance with KULE 11'	١.
Title)		able on new and re	te# betalqmon	la.	
3/27/81	Fill out only well name or number	Sections I. II. 1, or transporte	III, and VI for char nor other auch chang	nges of owner, to of condition.	

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