

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

Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 155	Well No. 29	Pool Name, including Formation Gonzales Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Cont. 155
Location				
Unit Letter <u>F</u> : <u>1810</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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	P.O. Box 26251, Albuquerque, NM 87125
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)
Northwest Pipeline Corporation	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>F</u> <u>32</u> <u>26N</u> <u>5W</u>	<u>No</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>12-8-80</u>	Date Compl. Ready to Prod. <u>4-21-81</u>	Total Depth <u>5395'</u>	P.B.T.D. <u>5311'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6583' GL</u>	Name of Producing Formation <u>Gonzales Mesaverde</u>	Top Oil/Gas Pay <u>5060'</u>	Tubing Depth <u>5240'</u>					
Perforations <u>5060-5082, 5157-5162, 5200-5211, and 5232-5236</u>			Depth Casing Shoe <u>5391'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8" 24#</u>		<u>302'</u>		<u>315 SX</u>			
<u>7 7/8"</u>	<u>5 1/2" 14#</u>		<u>5391'</u>		<u>935 SX</u>			
	<u>2 1/16"</u>		<u>5240'</u>					

IV. 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL			
Actual Prod. Test-MCF/D <u>2290</u>	Length of Test <u>3 Hrs.</u>	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>910 psig</u>	Casing Pressure (Shut-in) <u>--</u>	Choke Size <u>.75"</u>

V. 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.

(Signature)
District Administrative Supervisor
JUL 1 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 3 1981
Original Signed by FRANK T. CHAVEZ
BY
SUPERVISOR DISTRICT # 3
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 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.