

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERMITS OFFICE	

Operator  
Amoco Production Company

Address  
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	<u>4 dcl</u>
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Jicarilla Contract 155</u>	<u>29</u>	<u>Otero Chacra</u>	State, Federal or Fee <u>Federal</u>	<u>Jicarilla</u> <u>Cont. 155</u>
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				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87401</u>					
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: \_\_\_\_\_

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>12-8-80</u>	<u>4-21-81</u>		<u>5395'</u>		<u>5311'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>6583' GL</u>	<u>Otero Chacra</u>		<u>3751'</u>		<u>3874'</u>			
Perforations					Depth Casing Shoe			
<u>3751-3785 and 3849-3862</u>					<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>1 1/4"</u>		<u>3874'</u>					

V. 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-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>2139</u>	<u>3 Hrs.</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>887 psig</u>	<u>887 psig</u>	<u>.75"</u>

## I. 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.

Original Signed By  
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

JUL 1 1981

(Date)

## OIL CONSERVATION DIVISION

AUG 3 - 1981

APPROVED \_\_\_\_\_

BY Original Signed by FRANK J. CHAVEZ

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 filled for each pool in multiply completed wells.