

NO. OF COPIES SUBMITTED	
DISTRIBUTION	
SANTA FE	
FILE	
MAIL	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Amoco Production CompanyAddress
501 Airport Drive, Farmington, N.M. 87401

Other (Please explain)

Reason(s) for filing (Check proper box)

New Well ☐
Accompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☒If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache 102	Well No. 13R	Pool Name, Including Formation Basin Dakota	State, Federal or Private Federal	Lease Jicarilla Apache-1
Location This Well is _____ H _____ : _____ Feet From The _____ North _____ Line and _____ 800 _____ Feet From The _____ East _____ Line of Section _____ 10 _____ Township _____ 26N _____ Range _____ 4W _____, NMPLA, Rio Arriba _____ County				

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) 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) P.O. Box _____		
If well produces oil or liquids, give location of tanks.	If gas actually compressed, give location of tanks. Farmington, New Mexico 87401		
Unit H	Sec. 10	Twp. 26N	Rge. 4W

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	Same as Prev. D.H.L. No.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (D) _____, RT, GR, etc.)	Name of Producing Formation	Top Oil/Cas Pay	Turning Depth				
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

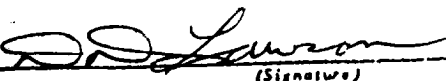
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of initial volume of liquid and must be equal to or exceed top
able for this depth or be per foot per hour)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc., 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

District Administrative Supervisor

September 28, 1983

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE SUPERVISOR DISTRICT #

This form is to be filed in compliance with Rule 1194.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the deep
tests taken on the well in accordance with Rule 1194.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections 1, 11, 111, and VI for a request of
well name or number, or transportation of other such change of form
Separate forms must be filed for each well in a
compleated wells.