

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	
PRODUCTION OFFICE	

Operator  
Amoco Production CompanyAddress  
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Gas Com 155A	Well No. 1	Pay Formation <del>San Juan</del> Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Contract 155
Location Unit Letter <u>H</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>26N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 32
	Twp. 26N	Rge. 5W
	Is gas actually connected? No	
	When	

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-10-82	Date Compl. Ready to Prod. 12-24-82	Total Depth 5457'	P.B.T.D. 5409'					
Elevations (DF, RKB, RT, GR, etc.) 6664' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5180'	Tubing Depth 5308'					
Perforations 5345-5341, 5306-5300, 5290-5286, 5280-5268, 5264-5260, 5180-5218 2 JSPF 136.4 inch holes			Depth Casing Shoe 5457'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8" 24# K55	325'	300 sx
7-7/8"	5-1/2" 15.5# K55	5457'	1600 sx
	2-1/16"	5308'	
	<del>1-3/4"</del>	<del>5180'</del>	

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 1412	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 953 psig	Casing Pressure (shut-in)	Choke Size 48/64

## 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  
D.D. Lawson(Signature)  
District Administrative Supervisor

(Title)

9-30-83

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 110a.

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.