

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 05-01-83
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

☒ New Well	☐ Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)

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
Jicarilla Apache Tribal 151	2E	Basin Dakota	State, Federal or Fee	Federal JT151

Location
Unit Letter D : 1120 Feet From The North Line and 875 Feet From The West
Line of Section 10 Township 26N Range 5W . NMPM, Rio Arriba Co

III. 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)
Plateau, Inc.	P.O. Box 489, Bloomfield, New Mexico 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)
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, New Mexico 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	D	10	26N	5W	No	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)
District Administrative Supervisor

(Title)
January 11, 1984

(Date)

OIL CONSERVATION DIVISION
1-23-84
APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely, able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of Separate Forms C-104 must be filed for each pool in recompleted wells.

IV. COMPLETION DATA

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Shut Back	Same Reven.	Diff.
Designate Type of Completion - (X)			X	X					
Date Spudded 11-2-83	Date Compl. Ready to Prod. 11-26-83			Total Depth 8054'		P.B. T.D. 8043'			
Elevations (DF, RKB, RT, CR, etc.) 7000' KB	Name of Producing Formation Dakota			Top Oil/Gas Pay 7842'		Tubing Depth 8014'			
Perforations: 7842'-7860', 7913'-7920', 7948'-7974', 8020'-8048', 2 jsfp, .38" in dia. total 158 holes						Depth Casing Shoe 8054'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" 36#, K-55	311'	340
8-3/4"	7" 20#, K-55	3851'	650
6-1/4"	4.5" 10.5#, K-55	8054'	810
	2.375"	8014'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excusable 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 89	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (psig, back pr.) Back Pressure	Tubing Pressure (Knot-In) 1550 psig	Casing Pressure (Knot-In) 2230 psig	Choke Size .75