

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Co.

Address 501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain) _____

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OIL CON. DIV
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Apache A118</u>	Well No. <u>16</u>	Pool Name, including Formation <u>Ojito Gallup-Dakota</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>09000118</u>
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Location

Unit Letter FH 1970 Feet From The North Line and 2300 Feet From The West

Line of Section 26 Township 26N Range 3W , NMPM, Rio Arriba County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Farmington, NM 87499</u>

If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>26</u>	Twp. <u>26N</u>	Rge. <u>3W</u>	Is gas actually connected? <u>NO</u>	When
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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.

Steve Hinchman
(Signature)
Adm. Supervisor
(Title)
September 7, 1985
(Date)

OIL CONSERVATION DIVISION
OCT 10 1985

APPROVED _____

BY Original Signed by FRANK I. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT # 8

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.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded 6/14/85	Date Compl. Ready to Prod. 10/2/85	Total Depth 8390'	P.B.T.D. 8341'					
Conditions (DF, RKB, RT, GR, etc.) 7339' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 7072'	Tubing Depth 7515'					
Locations 7072'-7332', 7432'-7508', Bridgeplug at 7600'				Depth Casing Shoe 8390'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8", 24#, K55	324'	295 c.f.
7 7/8"	5 1/2", 15.5#, J55	8388'	1464 c.f.
	2 3/8" 7/8"	7515'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks 10/2/85	Date of Test 10/6/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 280	Casing Pressure 270	Choke Size 32/64
Oil Prod. During Test	Oil - Bbls. 304	Water - Bbls. 44	Gas - MCF 206.6

WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (per test results)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size