

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATIONS	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 10 1986
OIL CON. DIV.
DIST. 3

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:	Other (Please explain)
<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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache A-118	Well No. 15	Pool Name, including Formation Ojito Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Jic Apache 118
Location Unit Letter <u>P</u> : <u>440</u> Feet From The <u>South</u> Line and <u>550</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>26N</u> Range <u>3W</u> , 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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 : <u>P</u> Sec. : <u>25</u> Twp. : <u>26N</u> Rge. : <u>3W</u> Is gas actually connected? <u>No</u> When _____

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.

BS Shaw

Adm. Supervisor

(Signature)

(Title)

1-8-86

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

JAN 10 1986

BY _____

Original Signed by FRANK T. 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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Some Rest.	Diff.
Date Spudded 9-17-85	Date Compl. Ready to Prod. 12-2-85		Total Depth 8540'		P.B.T.D. 8494'				
Gravelings (DF, RKB, RT, GR, etc.) 7505' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 7082'		Tubing Depth				
Perforations 7082'-7174', 7174'-7504', 7504'-7548', 8238'-8262',		8284'-8305'		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# K-55	341'	354 cu. ft.
7 7/8"	5 1/2" 15.5# K-55	8538'	1983 cu. ft.
	2 3/8"	8311'	

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 c OIL WELL

Date First New Oil Run To Tanks 12-2-85	Date of Test 12-27-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 380 psig	Casing Pressure	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 130	Water - Bbls. 5	Gas - MCF 595

GS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size