

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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 Company
Address
2325 East 30th Farmington NM 87401
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
CONFIDENTIAL

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Badland Flats Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM 58134</u>
Location Unit Letter <u>E</u> : <u>2000</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>23N</u> Range <u>1W</u> , NMPM. <u>Rio Arriba</u> 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>Gary Energy Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Bloomfield NM 87413</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Caller Service 4990, Farmington NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>3</u>	Twp. <u>23N</u>	Range <u>1W</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.

B. S. Shaw
(Signature)

Adm. Supervisor
(Title)

12-19-88
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 01 1989, 19_____
BY Original Signed by FRANK J. HAVAZ
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 filled 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 Res'v.	Diff. Res'v.
Date Spudded 10-21-88	Date Compl. Ready to Prod. 11-22-88		Total Depth 6941'		P.B.T.D. 6896'			
Elevations (DF, RKB, RT, CR, etc.) 7356' GY	Name of Producing Formation Undes Gallup		Top Oil/Gas Pay 6500'		Tubing Depth 6821'			
Perforations 6500' - 6714' 6768' - 6812'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" K55	310'	300 cf
8-3/4"	5-1/2" K55	6941'	2398 cf
	2-7/8"	6821'	

V. 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)

Date First New Oil Run To Tanks 11-22-88	Date of Test 12-12-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure 75	Casing Pressure 75	Choke Size —
Actual Prod. During Test	Oil - Bbls. 195	Water - Bbls. 0	Gas - MCF 0

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