

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PERMITS 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
501 Airport Drive, Farmington, NM 87401
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Condensate Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 155	Well No. 32	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. JG 155
Location Unit Letter <u>P</u> : <u>950</u> Feet From The <u>South</u> Line and <u>1050</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>26N</u> Range <u>5W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ 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 Condensate Gas ☐ or Dry Gas ☒ Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 29	Twp. 26N	Range 5W	Is gas actually connected? No	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.

Original Signed By

B. D. Shaw

(Signature)

Administrative Supervisor

(Title)

10/17/84

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 24 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 2

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 allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CON. DIV.]
DIST. 3

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.
Date Spudded 7/1/84	Date Compl. Ready to Prod. 8/7/84		X	X					
Elevations (DF, RKB, RT, GR, etc.) 6491' GR	Name of Producing Formation Mesaverde	Total Depth 5301'		P.B.T.D. 5256'		Tubing Depth 5127'			
Perforations See below*							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#	356'	
7-7/8"	4-1/2", 10.5#	5301'	480 c.f.
	2-3/8"	5127'	1880 c.f.

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Shls.	Water-Shls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1201	Length of Test 3 hrs.	Shls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-In) 1075 psig	Casing Pressure (Shut-In) 1303 psig	Choke Size .75"

* 5058'-5030', 5078'-5068', 5110'-5104', 5137'-5128', 5148'-5142', 5166'-5156', 5202'-5198', 5214'-5210'