## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Adm. Supervisor

12-4-87

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(Date)

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FILE					
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TAARIPORTER	OIL	_			
	GAL	_			
DPERATON	]	_			
PROBATION UPP	+CE I				

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

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

OPERATON A	ND VO
AUTHORIZATION TO TRANSF	PORT DIL AND NATURAL GAST.
<u>                                     </u>	
Operator	•
Amoco Production Company	
Address	·
2325 E. 30th Farmington, NM 87401	
Reason(s) for liling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Oil Dr	y Cas
Charge In Ownership X Cosinghead Cas Co	Add Transporter of Casinghead Gas
If change of ownership give name	
and address of previous owner	
The second of water than Inter	·
II. DESCRIPTION OF WELL AND LEASE	ormation   Kind of Lease Navajo NO. C
Cease Mana	Signe, Federal or Fee Allotted 10001 107
Helen Hasuse 1 Duffers Pt Gal	LTup - Dakora
Location	1650 Foot
Unit Letter B : 480 Feet From The North Line	e and 1650 Feet From The East
	Ott NADA Con Tron
Line of Section 8 Township 25N Range	8W . NMPIA. San Juan Caunt
	1
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Addiess (Give oddress to which approved copy of this form is to be sent)
Name of Authorited Transporter of Cit 🗓 or Condensate	A30.000 (0.000 )
Permian Cornoration	P.O. Box 1702 Farmington, NM 87499 [Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Costnahead Cas & or Dry Cas	· ·
El Paso Natural Gas Company	Caller Service 4490 Farmington, NM 87499
Unil Sec. Twp. Res.	is gas actually connected?
give location of tanta. B 8 25N 8W	No .
D	rive communcting order number:
If this production is commingled with that from any other lesse or pool,	
NOTE: Complete Parts IV and V on reverse side if necessary.	
110120	I OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	DE CORCENTATION SINGLE
	APPROVED
I hereby certify that the rules and regulations of the Oil Conservation Division have	Javas
been complied with and that the information given is true and complete to the best of	BY Drawpr.
my knowledge and belief.	SUPERVISOR DISTRM 明 #
$O \setminus O \mid$	TITLE
	ti ·

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 111.

All rections of this form must be filled out completely for alloable on new and recompleted wells.

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

Separate Forms C-104 must be filled for each pool in multicompleted wells. Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

SHIE OF HEW NICKED Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				<del></del>	· · · · · · · · · · · · · · · · · · ·	Well	API No.	<del></del>	······································
Amoco Produc	tion	Co			<del></del>				
Address	<i>~</i> ,	, ,							
Reason(s) for Filing (Check proper box)	_Stre	et, t	arming		CT (Please expl	8740	Ц		
New Well		Change in Tra	insporter of:		•	•			
Recompletion	Oil	⊠ D		Effect	ive 4-	1-89			
Change in Operator	Casinghea	d Gas 🔲 Co	ondensate					1.61	980
If change of operator give name and address of previous operator				<del></del>				191	<u>a                                    </u>
•	ANDALIZA	. CD	· · · · · · · · · · · · · · · · · · ·	<del></del>	• • • • • • • • • • • • • • • • • • • •				
II. DESCRIPTION OF WELL Lease Name	AND LEA		ol Nama Includi	na Formation		V:- A		<del></del>	
Helen Hasuse							of Lease Lease No. Federal or Fee NO-G -		
Location HUSUSE		1 1 1 1	Juffers F	ترازوت ۲	p-Lakor	PA Nave	, Federal or Fee	8501	-1071
Unit LetterB	_:_486	) Fe	ct From The	M Lin	• and 110 6	50 6	cet From The	E	1:
			w. 1 total 1110		C 4110			<del></del>	Line
Section & Townshi	p 25	N Ra	inge Bu	) ,N	мрм,	San	Juan		County
III. DESIGNATION OF TRAN	SPORTE	R OF OU.	AND NATH	RAL GAS					
Name of Authorized Transporter of Oil		or Condensate			e aultress to w	hich approve	d copy of this for	m is to be se	ent)
Meridian Dil In				II.			Lington I		
Name of Authorized Transporter of Casin	ghead Gas	⊠ or	Dry Gas	Address (Gi	e address to w	hich approved	d copy of this for	m is to be se	ent)
El Puso Natural G						<u>4490, F</u>	arminator	2 DM	87499
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv		ls gas actuali	y connected?	When	a 7		
[	<u>  B  </u>		5N 18W	l yes			19-18-6	<u>۲</u>	
If this production is commingled with that  IV. COMPLETION DATA	iroin any our	er lease or poo	i, give commungi	ing order num	ber:				
· · · · · · · · · · · · · · · · · · ·		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion	- (X)	Ì	i	i	j	i			
Date Spudded	Date Comp	ol. Ready to Pro	ж.	Total Depth	*		P.B.T.D.		_ <u> </u>
Elevations (I) E DI'D DT (D -11)	Auriting (INC DED DET CD			Ton Oil/Con barr			-		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
l'erforations	<del></del>			L		<del></del>	Depth Casing	Shoe	
									•
	T	UBING, CA	SING AND	CEMENTI	NG RECOR	RD			
HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SA	SACKS CEMENT			
	ļ			- <del></del>		<del></del>			
	-	<del></del>		ļ	<del></del>		-		
	····				<del></del> .	·	-	·	
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE .	I		<del></del>			
OIL WELL (Test must be after r			•	be equal to or	exceed top all	owable for th	is depth or be fo	r full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Te	st		Producing M	ethod (Flow p	The Mar The	Plan		
	<u> </u>	·	<del></del>		T. C.	CIT			
Length of Test	Tubing Pre	ssure		Casing Vin	TEW	tte u "	Cheme bize		
Actual Prod. During Test	Oil - Bbls.	<del></del>	<del></del>	Water - Bb	Markin	<del>ે ખેરવ</del> ાલ	Gas- MCF		<del></del>
THE PARTY SHIFT THE	On - Bus.			Water - Don	- APR	- 0 100			
GAS WELL	<del>-</del>		<del></del>	1	011 (	$\mathfrak{T}_{\mathfrak{I}}$			<del></del>
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Conder	sate/MMCF	ms.	Gravity of Co	ndensate	
				/ / / / / / / / / / / / / / / / / / /			See		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
	J			<u> </u>					
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE			Jerov	'ATIAN	NACIO	187
I hereby certify that the rules and regul						49によ A	'ATION E	אומוטונ	N
Division have been complied with and is true and complete to the best of my		_	bove				Ann -		
is true sing complete require ocsi or my	MICHICURC AL	a ocuei.		Date	<b>Approve</b>	od	APR 0	3 1989	
120) haw						~		$\mathcal{A}$	
Signature			By But) Chang						
B.D. Shaw	A	dm. Si	PX			SUP	ERVISION	DISTRI	CT # 3
Printed Name	55515	Ti 55 001	ile'	Title					
3-29-89 (9	505)3	<u> </u>	ne No.	II					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.