

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

DISTRICT II  
P.O. Drawer DD, Aztec, NM 88210

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Urazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>AMOCO PRODUCTION COMPANY</b>	Well API No. 30-045-06629
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BOLACK B LS</b>	Well No. #2	Pool Name, including Formation <b>BASIN FRUITLAND COAL</b>	Kind of Lease FED.	Lease No. NM-012202
Location				
Unit Letter <b>K</b>	: 1650	Feet From The <b>SO.</b>	Line and 1650	Feet From The <b>WEST</b> Line
Section <b>12</b>	Township <b>27N</b>	Range <b>8W</b>	NMPM, <b>SAN JUAN</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>EL PASO NATURAL GAS</b>	P.O. BOX 4990, FARMINGTON, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
			Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Oil Res'v
		XX				XX		
Date Spudded 5/21/55	Date Compl. Ready to Prod. 5/4/92	Total Depth 3076'	P.B.T.D. 2999'					
Elevations (DF, RKB, RT, GR, etc.) 6659' KB	Name of Producing Formation FRUITLAND COAL	Top Oil/Gas Pay 2799'	Tubing Depth 2780'					
Perforations 2799' - 2998' FRUITLAND COAL		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	9 5/8"	322' 133	125 SX REG 100					
	5 1/2"	3090' 2994	75 SX POZ 150					
	2 3/8"	2780'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowance for this well or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 60	Length of Test 24 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.) PUMPING	Tubing Pressure (Shut-in) 50	Casing Pressure (Shut-in) 50	Choke Size OPEN

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*Cindy Burton/ps*  
Signature  
**Cynthia Burton, Staff Admin. Supervisor**  
Printed Name Title  
5-28-92 Date 303-830-4280 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 12 1992**

By **Original Signed by FRANK T. CHAVEZ**

Title **SUPERVISOR DISTRICT # 3**

RECEIVED  
JUN-1 1992  
OIL CON. DIV.  
Gas - MUST ?