

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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300 6/R
9-12

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "U"	Well No. 29	Pool Name, Including Formation Pennsylvania "D"	Kind of Lease State, Federal or Fee Federal	Lease No. 14-20-603-5034
Location Unit Letter <u>N</u> : <u>800</u> Feet From The <u>South</u> Line and <u>2475</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>26N</u> Range <u>18W</u> , NMPM, <u>San Juan</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 Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas	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 A	Sec. 20	Twp. 26N	Rge. 18W	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

Adm. Supervisor (Signature)
8-14-84 (Date)

OIL CONSERVATION DIVISION
APPROVED AUG 20 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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.

AUG 20 1984
OIL CON. DIV.
DIST 3

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded 5-27-84	Date Compl. Ready to Prod. 8-1-84	Total Depth 6592'			P.B.T.D. 6500'				
Elevations (DF, RKB, RT, CR, etc.) 5749' GP	Name of Producing Formation Pennsylvania "D"	Top Oil/Gas Pay 6371'			Tubing Depth 6327'				
Perforations 6371' - 6420', 6431' - 6438'					Depth Casing Shoe 1507'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8", 48#	126'	177 cu. ft.
11"	8-5/8", 24#	1507'	649 cu. ft.
7-7/8"	5-1/2", 15.5#	6592'	2147 cu. ft.
	2 7/8	6327'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 8-11-84		Date of Test 8-12-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40 psig	Casing Pressure 40 psig	Choke Size .75"	
Actual Prod. During Test →	Oil - Bbls. 10	Water - Bbls. 155	Gas - MCF 85	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size	