

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DIST. DIVISION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Morris Gas Com "B"	Well No. E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF077329
Location				
Unit Letter <u>M</u> : <u>1110</u> Feet From The <u>South</u> Line and <u>820</u> Feet From The <u>West</u>				
Line of Section <u>10</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau Incorporated	P. O. Box 26251, Albuquerque, NM 87125					
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)					
El Paso Natural Gas	P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	10	27N	10W	No	

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.	Diff. Res'v.
		X	X					
Date Spudded 1-31-81	Date Compl. Ready to Prod. 4-7-81	Total Depth 6859'	P.B.T.D. 6819'					
Elevations (DF, RKB, RT, GR, etc.) 6307' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6556'	Tubing Depth 6727'					
Perforations 6706-6721, 6642-6689, 6556-6572, 6591-6600			Depth Casing Shoe 6859'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		297'		300			
7 7/8"	4 1/2" 10.5#		6859'		2000			
	2 3/8"		6727'					

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 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-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D 2787	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.) Back pressure	Tubing Pressure (Shut-in) 760 psig	Casing Pressure (Shut-in) 1460 psig	Choke Size 750

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

Original Signed By
E. E. SVOBODA

District Administrative Supervisor

MAY 6 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 15 1981, 19

Original Signed by FRANK T. CHAVEZ

BY

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.

One copy of this form must be filed for each pool to which it applies.