

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input checked="" type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Richardson Gas Com B	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF077972
Location				
Unit Letter <u>F</u> : <u>1625</u> Feet From The <u>North</u> Line and <u>1575</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>27N</u> Range <u>13W</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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 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
<u>F</u> <u>11</u> <u>27N</u> <u>13W</u>	<u>No</u>

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.

BD Shaw

(Signature)

Admin. Supervisor

1-2-85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 8 1985

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.

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

JAN 03 1985

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other
2. NAME OF OPERATOR  
Amoco Production Company
3. ADDRESS OF OPERATOR  
501 Airport Dr., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1625' FNL x 1575' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) Spud and Set	<input type="checkbox"/>

SUBSEQUENT REPORT OF

--	--	--	--	--	--	--	--

NT REPORT OF

RECEIVED

1983

U.S. REGIONAL SURV  
WASHINGTON, D. C.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

FEB 24 1983

OIL CON. DIV  
DIST. 6

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded a 13-3/4" hole on 12-17-82 and drilled to 310'. Set 9-5/8" 36# and 32.3# surface casing at 310' on 12-17-82 and cemented with 462 cu ft class B neat cement w/2% CaCl<sub>2</sub>. Circulated good cement to surface. Drilled a 7-7/8" hole to a TD of 6204'. Set 4-1/2" 12# production casing at 6204' on 12-26-82 and cemented first stage w/656 cu ft class B cement containing 50:50 POZ, 6% gel, 2# med tuf plug/sx and .8% FLA. Tailed in w/154 cu ft class B neat cement. Cemented second stage w/1050 cu ft class B neat cement containing 65:35 POZ, 6% gel, 2# med tuf plug/sx and .8% FLA. Tailed in w/154 cu ft class B neat cement. Cemented third stage w/631 cu ft class B neat cement containing the same additives as the second stage. Tailed in w/154 cu ft of class B neat cement. Circulated good cement to surface on second and third stages. Set DV tool at 4280' and 1622'. Released the rig 12-28-82.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED D.D. LAWSON TITLE Dist. Admin. Supvr. DATE 2-16-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## Abstracts FOR MEMBERS

**\*See Instructions on Reverse Side**

FEB 22 1953

FARMINGTON DISTRICT

**NM-0CC**