

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF FORMS ORDERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Co.</u>	
Address <u>2325 E. 30th Farmington NM 87401</u>	
Reason(s) for listing (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

CONFIDENTIAL

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. C. Gordon E</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated Fruitland</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>077952</u>
Location				
Unit Letter <u>K</u>	: <u>2290</u>	Feet From The <u>South</u>	Line and <u>1630</u>	Feet From The <u>West</u>
Line of Section <u>23</u>	Township <u>27N</u>	Range <u>10W</u>	N.M.P.M. <u>San Juan</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co</u>	<u>Caller Service 4990 Farmington NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<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.

B. J. Shaw

Admin Supervisor

June 9, 1988

OIL CONSERVATION DIVISION

APPROVED JUN 21 1988
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 3
TITLE

This form is to be filed in compliance with RULE 1304.
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'ty.	Diff. Res'ty.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3-14-88	6-1-88		2327'			2270'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Gr 6278'	Fruitland		1966'			2118'			
Perforations						Depth Casing Shoe			
2070'-2094' 1966'-2006'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24# K55	183'	148cf
7-7/8"	5-1/2" 17# N80	2317'	413cf
	2-7/8"	2118'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
TSTM	24 hr		
Testing Method (pump back pr.)	Tubing Pressure (Short-Test)	Casing Pressure (Short-Test)	Choke Size
Back Pressure	130		

RECEIVED
JUN 10 1988
OIL CON. DIV
DIST. 3