

| | |
|-------------------|-----|
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
AMOCO PRODUCTION COMPANY

Address
501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filling (Check proper box)

Also Well ☐ Change in Transporter of:
Accomplishment ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|-------------------------|---|---|-------------------------------|
| Lease Name J. C. Davidson | Well No. 1 | Pool Name, including Formation Undesignated Fruitland | Kind of Lease State, Federal or Fee Federal | Lease No. SF 077383 |
| Unit Letter D | 990 | Feet From The North Line and 990 | Feet From The West | |
| Line of Section 28 | Township 28-N | Range 10-W | NMPM, San Juan | 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 Gashead 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) |
| Southern Union Gathering Co. | P. O. Box 398, Bloomfield, New Mexico |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input checked="" type="checkbox"/> | | |
| Date Spudded October 6, 1948 | Date Compl. Ready to Prod. March 11, 1973 | Total Depth 2244' | P.B.T.D. 2137' |
| Elevations (DF, RKB, RT, GR, etc.) 6149' DF | Name of Producing Formation Fruitland | Top Oil/Gas Part 2098' | Timing Depth 2108' |
| Perforations 2100-2116' x 2 SPF | | Depth Casing Shoe 2150' | |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE 10-1/4" 6-5/8" | CASING & TUBING SIZE 9-5/8" 5-1/2" 1.66" OD | DEPTH SET 65' 2150' 2108' | SACKS CEMENT 35 sx 50 sx |

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 - MCF |
| GAS WELL | | Bbls. Condensate/MMCF | |
| Actual Prod. Test - MCF/D | Length of Test | Gravity of Condensate | |
| 1572 | 3 hrs. | | |
| Testing Method (piston, back pr.) Back Pressure | Tubing Pressure (Shut-in) 524 | Casing Pressure (Shut-in) 524 | Choke Size .750 |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

Original of and by
J. ARNOLD SHELL

(Signature)

Area Engineer

(Title)

March 21, 1973

(Date)

OIL CONSERVATION COMMISSION

MAR 22 1973

APPROVED _____, 19____

BY **Original Signed by A. R. Kendrick**

TITLE **PETROLEUM ENGINEER DIST. NO. 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.