

STATE OF NEW MEXICO  
OIL AND NATURAL GAS DEPARTMENT

Form C-104  
Revised 10-1-78

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO BE FILLED BY OPERATOR

DISTRIBUTION

SANTA FE

FILE

REG. NO.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

REGISTRATION OFFICE

Operator  
Amoco Production Company  
Address  
501 Airport Drive, Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name  
Davidson Gas Com "F"

Well No.  
1E

Pool Name, Including Formation  
Basin Dakota

Kind of Lease  
State, Federal or Fee Federal

Lease No.  
SF-077383

Location  
Unit Letter F ; 1520 Feet From The North Line and 1520 Feet From The West  
Line of Section 28 Township 28N Range 10W , NMPM, San Juan County

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)  
4775 Indian School Rd. NE, Albuquerque, NM 87110

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Southern Union Gas Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids,  
give location of tanks.  
Unit F Sec. 28 Twp. 28N Rge. 10W  
Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Some Restv. Diff. Restv.  
Date Spudded 3-22-80 Date Compl. Ready to Prod. 11-18-80 Total Depth 6848' P.B.T.D. 6764'  
Elevations (DF, RKB, RT, GR, etc.) 6156' CL Name of Producing Formation Dakota Top Oil/Gas Pay 6610' Tubing Depth 6764'  
Perforations 6610-6693, 6650-6657 Depth Casing Shoe 6848'

TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12 1/4" 8 5/8" 24# 328' 300 sx  
7 7/8" 4 1/2" 11.6# 6848' 1890 sx  
2 3/8" 6764'

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  
EST. 3

GAS WELL  
Actual Prod. Test-MCF/D 2572 Length of Test 3 Hrs. Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) Back Pressure Tubing Pressure (shut-in) 1070 psig Casing Pressure (shut-in) 787 psig Choke Size .75"

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.  
Signed By  
District Administrative Supervisor  
January 26, 1981  
(Date)

OIL CONSERVATION DIVISION  
FEB 3 1981  
APPROVED  
Original Signed by FRANK T. CHAVEZ  
BY  
SUPERVISOR DISTRICT #  
TITLE  
This form is to be filed in compliance with RULE 1103.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation tests taken on the well in accordance with RULE 110.  
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 Form C-104 must be filed for each pool in multiply completed wells.