

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

☒ New Well	☐ Change In Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change In Ownership	☐ Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Day "E"	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-047039B
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Location
Unit Letter E : 1690 Feet From The North Line and 980 Feet From The West

Line of Section 17 Township 28N Range 10W NMPM, San Juan 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)
Plateau, Inc.	P.O. Box 489, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, New Mexico 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>17</u> Twp. <u>28N</u> Rge. <u>10W</u>	No

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.

Original Signed By
D.B. LAWSON

District Administrative Supervisor

December 21, 1983

OIL CONSERVATION DIVISION
1-4-84
APPROVED
Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X	X					
Date Spudded 11-3-83	Date Compl. Ready to Prod. 11-23-83			Total Depth 6729'			P.B.T.D. 6686'		
Elevations (DF, RKB, RT, GR, etc.) 5926'GR	Name of Producing Formation Basin Dakota			Top Oil/Gas Pay 6385'			Tubing Depth 6610'		
Perforations 6385'-6391', 6403'-6415', 6465'-6495', 6524'-6539', 6545'-6572'							Depth Casing Shoe 6729'		
2 jspf, .38" in diameter, total of 180 holes.									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	8.625", 24#, K-55	308'	300
7.875"	4.5", 10.5#, K-55	6729'	2200
	2-3/8"	6610'	

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 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 111 MCF	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Khat-in) 980 psig	Casing Pressure (Khat-in) 1220 psig	Choke Size .75