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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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 Co.

**Address**  
501 Airport Drive, Farmington, N M 87401

**Reason(s) for filing (Check proper box)**

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

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

**RECEIVED**  
MAR 26 1985

OIL CON. DIV.  
DIST. 3

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Bruce R. Sullivan	<b>Well No.</b> 2	<b>Pool Name, including Formation</b> Otero Chacra	<b>Kind of Lease</b> State, Federal or Fee	<b>Fee</b>	<b>Lease No.</b>
<b>Location</b>					
Unit Letter <u>J</u> : <u>1700</u> Feet From The <u>south</u> Line and <u>1480</u> Feet From The <u>east</u>					
Line of Section <u>23</u> Township <u>28N</u> Range <u>10W</u> , NMPM, San Juan County					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Permian Corporation	P.O. Box 1702 Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Co.	P.O. Box 990 Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b> <u>J</u> <b>Sec.</b> <u>23</u> <b>Twp.</b> <u>28N</u> <b>Rge.</b> <u>10W</u>
	<b>Is gas actually connected?</b> <u>no</u> <b>When</b>

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  
B. D. Shaw

(Signature)

Adm. Supervisor

(Title)

3/20/85

(Date)

4-14-85 OIL CONSERVATION DIVISION

APPROVED APR 04 1985

BY Original Signed by FRANK T. CHAVEZ

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 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	Same Reelty.	DUAL PR.
			X	X					
Date Drilled 2/13/85	Date Compl. Ready to Prod. 3/4/85	Total Depth 3100'		P.B.T.D. 3050'					
Loss (DF, RKB, RT, GR, etc.) 5736' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 2808'		Tubing Depth 2946'					
Perforations 2808-2932				Depth Casing Shoe 3100'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	294'	295 cu ft
7-7/8"	4-1/2"	3100'	708 cu ft
	2-3/8"	2946'	

#### 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 2335	Length of Test 3hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 938 psig	Casing Pressure (Shut-in) 985 psig	Choke Size .75"