

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

FORM 1104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name V.W. McManus	Well No. 1	Pool Name, Including Formation Simpson Gallup	Kind of Lease State, Federal or Free Federal	Lease No. SF 07890
Location				
Unit Letter M	: 890	Feet From The West	Line and 1065	Feet From The South
Line of Section 22	Township 28N	Range 12W	NMPM,	San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refinery	P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 22 28N 12W	yes 5/29/73

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	Same Reservoir	Drill. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
OCT 24 1983
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

By _____

(Signature)

District Administrative Supervisor

(Title)

October 20, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

TITLE _____

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 allow-
able 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