

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 08 1988

Originator Amoco Production Company		OIL CON. DIV. DIST. 3
Address 2325 E. 30th Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
☐ New Well	Change in Transporter of:	
☒ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sammons Gas Com F	Well No. 1	Pool Name, including Formation Undesignated Fruitland	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> : <u>790'</u> Feet From The <u>North</u> Line and <u>1070</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>9W</u> N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

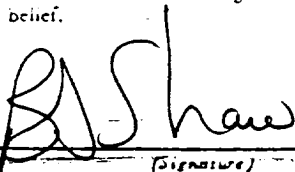
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Permian Corp	P.O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Caller Service 4990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>A</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>9W</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.



Adm. Supervisor

(Signature)

(Title)

February 2, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 08 1988
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, IV, 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	Some Rest'n	Diff. Rest'n
			X						X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12-17-72	01-21-88		2155'		2103'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5550' GR	Fruitland		1854'		1989'				
Perforations						Depth Casing Shoe			
1958' - 1994' 1854' - 1874' 1910' - 1924'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		227'		200 sx			
6-3/4"		4-1/2"		2141'		450 sx			
		1-1/4"		1989'					
		CIBP		2004'					

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1-27-88 143	24	145	
Testing Method (plug back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	75	235	32/64"