

DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator

Address **AMOCO PRODUCTION COMPANY**

501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliot Gas Com "B"	Well No. 1A	Pool Name, including Formation Blanco Mesavieja	Kind of Lease State, Federal or Fee Federal	Lease No. SV078132
Unit Letter E : 1670 Feet From The North Line and 850 Feet From The West				
Line of Section 13 Township 29-N Range 9-W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Platinum, Inc.	P. O. Box 108, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	When
E 13 29N 9W	No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4/2/77	Date Compl. Ready to Prod. 4/21/77	Total Depth 5550'	P.B.T.D. 5505'					
Elevations (DF, RKB, RT, GR, etc.) 6431' GL, 6444' KB	Name of Producing Formation Mesavieja	Top Oil/Gas Pay 4659'	Tubing Depth 5394'					
Perforations 4659-70, 4676-4700, 4705-10, 4713-17, 4725-27, 4748-51, 4764-67,			Depth Casing Shoe 5550'					
4780-4800, 4862-82, 4892-96, 4946-48, 4954-59, 4962-66, 4973-76, OVER								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" csg		265'		280			
8-3/4"	7" csg		3450'		700			
6-1/4"	4-1/2" liner		3245-5550'		275			
	2-3/8" tbg		5394'					

V. 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2136	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	726	726	.75"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. S. S. S. S. S.
(Signature)

Area Adm. Supv.
(Title)

May 9, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

BY Original Signed by A. R. Kendrick

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 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.

Supersedes Form C-104 must be filed for each well in multiple

Perforations Continued:

**4983-95, 5001-09, 5013-15, 5044-52, 5076-83, 5089-91, 5102-06, 5205-08, 5219-28,
5267-70, 5303-10, 5324-34, 5337-41, 5350-55, 5364-70, 5377-85 X 1 SPY.**