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NEW MEXICO OIL CONSERVATION COMMISSION

30-045-22791
Form C-101
Revised 1-1-65

APPROVAL VAND
FOR 90 DAYS
DRILLING COMMISSION
2-12-78

5A. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	7. Unit Agreement Name	
b. Type of Well	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	8. Farm or Lease Name	State Gas Com "I"
c. Name of Operator	AMOCO PRODUCTION COMPANY	9. Well No.	1A
d. Address of Operator	501 AIRPORT DRIVE, FARMINGTON, NM 87401	10. Field and Pool, or Wildcat	Blanco Mesaverde
e. Location of Well	UNIT LETTER <u>P</u> LOCATED <u>790</u> FEET FROM THE <u>South</u> LINE AND <u>920</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>2</u> TWP. <u>29N</u> RGE. <u>9W</u> NMMPM	12. County	San Juan
19. Proposed Depth	5420'	19A. Formation	Mesaverde
20. Rotary or C.T.	Rotary	21. Deviations (Show whether DE, RT, etc.)	6337' CL
21A. Kind & Status Plug. Bond	Statewide	21B. Drilling Contractor	Unknown
22. Approx. Date Work will start	December, 1977		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13-3/8"	9-5/8"	32.3#	250'	340	Circ.
8-3/4"	7"	20#	3360'	685	Circ.
6-1/4"	4-1/2"	10.5#	5420'	270	Circ.

Amoco proposes to drill the above well to develop the Mesaverde reservoir. The well will be drilled to the intermediate casing point using water and Benex. The well will then be gas drilled to TD. Completion design will be based on open hole logs. Copy of all logs will be filed upon completion. Amoco's standard blowout prevention will be employed; see attached drawing for blowout preventer design.

Upon completion the well location will be cleaned and the reserve pit filled and leveled.

Gas produced from this well is dedicated to El Paso Natural Gas Company.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

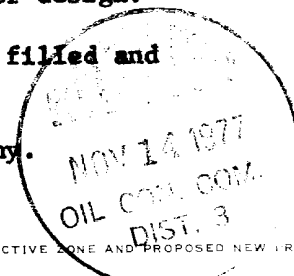
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed [Signature] Title Area Engineer Date 11/10/77

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DIST. 3 DATE NOV 14 1977

CONDITIONS OF APPROVAL, IF ANY:



NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-101
Supersedes C-128
Effective 1-1-61

All distances must be from the outer boundaries of the Section

Operator Amoco Production Company			Lease State Gas Com I		Well No. 1A
Unit Number I	Section 2	Township 29N	Range 9W	County San Juan	

Actual Footage Location of Well:

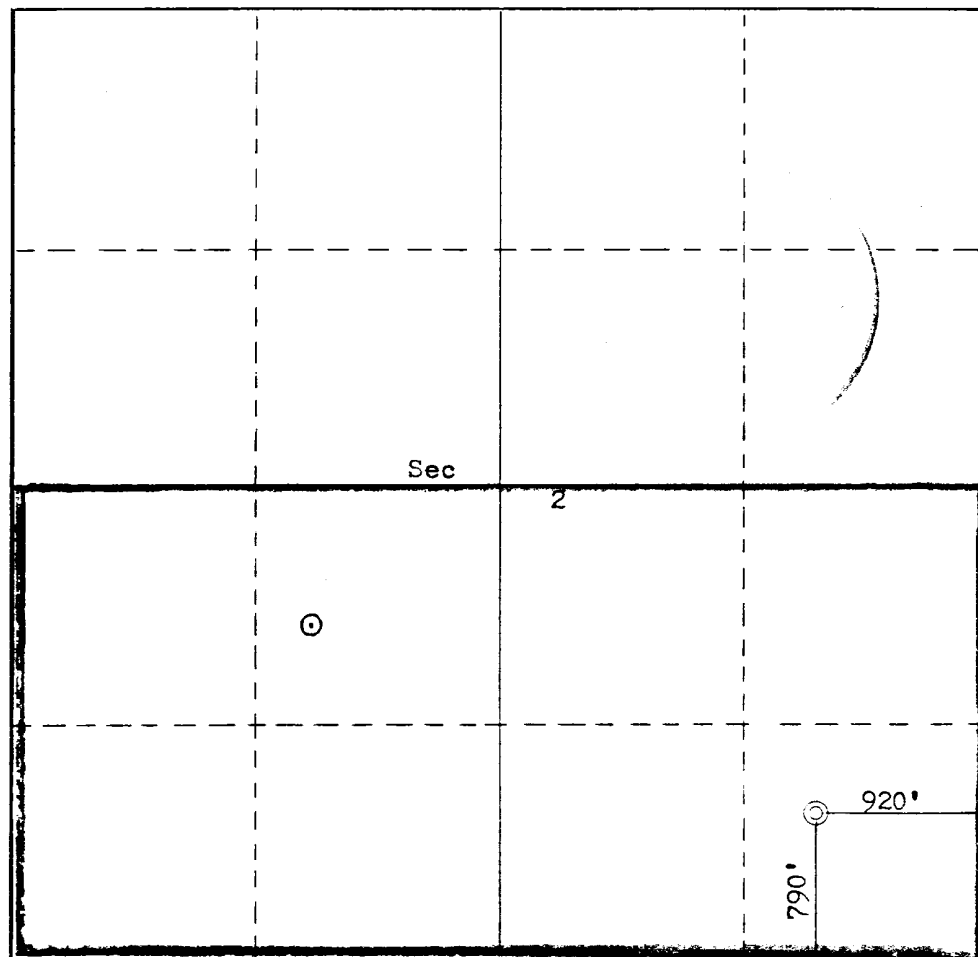
790	feet from the	South	line and	920	feet from the	East	line
Ground Level Elev. 6337	Producing Formation Mesa Verde		Pool Blanco Mesaverde ✓		Dedicated Acreage: 320 ✓		Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

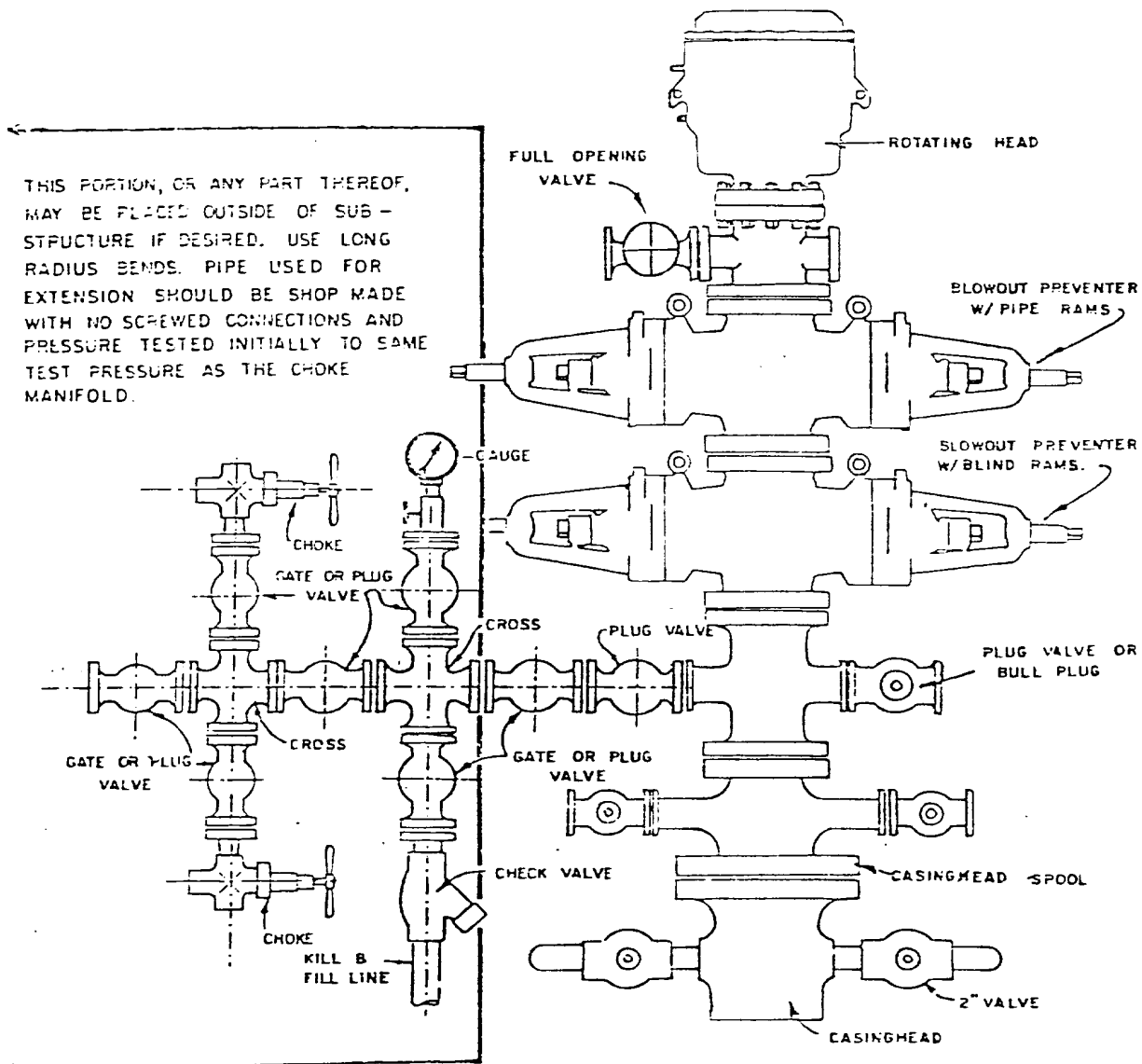
Name J. L. KRUPKA
Position AREA ENGINEER
Company AMOCO PRODUCTION COMPANY
Date NOVEMBER 8, 1977

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed November 2, 1977
Registered Professional Engineer and/or Land Surveyor Fred B. Kerr jr.

Certificate No.
3950

THIS PORTION, OR ANY PART THEREOF, MAY BE PLACED OUTSIDE OF SUB-STRUCTURE IF DESIRED. USE LONG RADIUS BENDS. PIPE USED FOR EXTENSION SHOULD BE SHOP MADE WITH NO SCREWED CONNECTIONS AND PRESSURE TESTED INITIALLY TO SAME TEST PRESSURE AS THE CHOKE MANIFOLD.



BLOWOUT PREVENTER HOOKUP

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LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		5. State Oil & Gas Lease No.
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator AMOCO PRODUCTION COMPANY 3. Address of Operator 501 Airport Drive Farmington, NM 87401 4. Location of Well UNIT LETTER P 790 FEET FROM THE South LINE AND 920 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 29N RANGE 9W NMPM.		7. Unit Agreement Name 8. Farm or Lease Name State Gas Com "I" 9. Well No. 1A 10. Field and Pool, or Wildcat Blanco Mesaverde
15. Elevation (Show whether DF, RT, GR, etc.) 6337' GL		12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER Spud & Set Casing <input checked="" type="checkbox"/>	
---	--	---	--

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 13-3/4" hole on 2/3/78. Drilled to 281'. Set 9-5/8" 32.3# H-40 casing at 279' with 300 sx Class "B", 2% CaCl₂. Good returns. Pressure tested to 500#; held OK.

Drilled 8-3/4" hole to 3058'. Set 7" 20# K-55 casing at 3421' with 593' sx Class "B", 6% gel, 2 lbs. medium Tuf Plug per sx. Followed with 100 sx Class "B", 2% CaCl₂. Circulated 30 sx cement then lost circulation. Pressure tested casing to 1500 psi for 15 minutes; held OK.

Drilled 6-1/4" hole to a total depth of 5450'. Set 4-1/2" 10.5# K-55 casing liner from 3199-5449' with 200 sx Class "B", 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 70 sx Class "B", 50:50 Poz, 6% gel. Circulated 20 sx cement.

Rig released 2/11/78.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original Signed By
E. E. SVOBODA TITLE Area Adm. Supervisor DATE 2/13/78

APPROVED BY Original Signed by A. R. Kendrick TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
State Gas Com "I"	
9. Well No.	
1A	
10. Field and Pool, or Wildcat	
Blanco Mesaverde	
12. County	
San Juan	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	2. Name of Operator
AMOCO PRODUCTION COMPANY	3. Address of Operator
501 Airport Drive Farmington, NM 87401	4. Location of Well
UNIT LETTER <u>P</u> , <u>790</u> FEET FROM THE <u>South</u> LINE AND <u>920</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>29N</u> RANGE <u>9W</u> NMPM.	15. Elevation (Show whether DF, RT, GR, etc.)
6337' GL	12. County
	San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Completion - Perf & Frac <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Completion operations commenced 2/27/78. Tripped in with tubing and cleaned out to 5405' PBD. Pressure tested casing to 3000 psi; held OK. Perforated 4596-5330'. Fraced with 219,640 lbs. sand and 109,820 gallons frac fluid. Tripped in with tubing and bit; cleaned out frac sand and fluid to 5405'. Production tubing landed at 5327'.

Completion rig released 3/4/78.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original Signed By
E. E. SVOBODA TITLE Area Adm. Supervisor DATE 3/28/78

Original Signed by A. E. Kendrick TITLE Supervisor DATE 3/28/78

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-722
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special					Test Date 3/16/78	
Company Amoco Production Company				Connection El Paso Natural Gas Company		
Pool Blanco				Formation Mesa Verde		Unit
Completion Date 3/9/78		Total Depth 5449		Plug Back TD 5405	Elevation 6337	
Farm or Lease Name State Gas Co "I"						Well No.
Cng. Size 7.000	Wt. 20	d 6.456	Set At 3421	Perforations: From 4596 To 5330		Unit
Tiq. Size 2.375	Wt. 4.7	d 1.995	Set At	Perforations: From Open To Ended		Sec. Twp. Rge.
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single				Packer Set At None		County San Juan
Producing Thru Tubing		Reservoir Temp. °F 8		Mean Annual Temp. °F		State New Mexico
L	H	Gg .65	% CO ₂	% N ₂	% H ₂ S	Prover Meter Run Taps

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI	7 days						520		520		
1.	2.375	0.750					160	60	420		3 hrs.
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft	Gravity Factor Fg	Super Compress. Factor Fpv	Rate of Flow Q, Mcfd
1	12.365		172	1.000	.9608	1.016	2076
2.							
3.							
4.							
5.							

NO.	P _r	Temp. °R	T _r	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

P _c 532	P _c ² 283024	
NO.	P _w	P _w ²
1	432	186624
2		
3		
4		
5		

(1) $\frac{P_c^2}{P_c^2 - P_w^2} = \mathbf{2.9359}$

AOF = Q · $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \mathbf{4656}$

RECEIVED

MAR 31 1978

OIL CON. COM.

DIST. 3

Absolute Open Flow 4656	Mcf @ 15.025	Angle of Slope θ _____	Slope, n. .75
--------------------------------	--------------	-------------------------------	----------------------

Remarks: **4.5" 10.5# Liner Set 3199' - 5449'**

Approved by Commission:	Conducted by: T. M. Oliver	Calculated by: TMO	Checked by: J. L. Krupka
-------------------------	--------------------------------------	------------------------------	------------------------------------

TABULATION OF DEVIATION TESTS
STATE GAS COM "I" NO. 1A
AMOCO PRODUCTION COMPANY

<u>DEPTH</u>	<u>DEVIATION</u>
125'	1/4°
281'	1/2°
1038'	3/4°
1600'	3/4°
2177'	1-1/4°
2694'	1°
4020'	1°
4758'	1-1/4°
5189'	1-1/4°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S State Gas Com "I" No. 1A located 790' FSL x 920' FEL, Section 2, T-29-N, R-9-W, San Juan County, New Mexico.

Signed E. E. Svoboda
Title Area Adm. Supervisor

THE STATE OF NEW MEXICO))
COUNTY OF SAN JUAN)) SS.

BEFORE ME, the undersigned authority, on this day personally appeared E. E. Svoboda known to me to be Area Adm. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 30th day of March, 1978.

Eleanor P. Brown
Notary Public

My Commission Expires: December 28, 1979

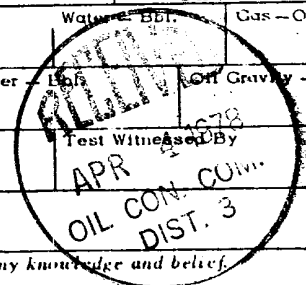
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OPERATOR	1

Form C-105
Revised 11-1-78

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

10. TYPE OF WELL						7. Unit Agreement Name	
OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>						8. Farm or Lease Name	
2. Name of Operator						9. Well No.	
AMOCO PRODUCTION COMPANY						1A	
3. Address of Operator						10. Field and Pool, or Wildcat	
501 Airport Drive Farmington, NM 87401						Blanco Mesaverde	
4. Location of Well							
UNIT LETTER <u>P</u> LOCATED <u>790</u> FEET FROM THE <u>South</u> LINE AND <u>920</u> FEET FROM						12. County	
THE <u>East</u> LINE OF SEC. <u>2</u> TWP. <u>29N</u> RGE. <u>9W</u> NMPM						San Juan	
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)	
2/3/78		2/10/78		3/4/78		6337' GL	
19. Elev. Casinghead		6337'					
20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many		23. Intervals Drilled By	
5450'		5405'				Rotary Tools O-TD	
24. Producing Interval(s), of this completion - Top, Bottom, Name						25. Was Directional Survey Made	
4596-5330, Mesaverde						No	
26. Type Electric and Other Logs Run						27. Was Well Cored	
Induction-Gamma Ray, Compensated Density & Sidewall Neutron						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
9-5/8"	32.3	281'	13-3/4"	300 sx			
7"	20	3421'	8-3/4"	693 sx			
29. LINER RECORD							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
4-1/2"	3199'	5449'	270 sx		2-3/8"	5327'	
30. TUBING RECORD							
31. Perforation Record (Interval, size and number) 4596-4602, 4608-2832. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
4641-48, 4652-56, 4662-68, 4672-76, 4685-89, 4694-4700, 4720-24, 4735-40, 4772-78, 4858-62, 4870-74, 4908-12, 4919-35, 5002-10, 5016-22, 5036-46, 5183-86, 5191-5217, 5222-28, 5246-54, 5271-85, 5298-5303, 5325-30, with 1 SPF of size .38"				DEPTH INTERVAL			
				AMOUNT AND KIND MATERIAL USED			
				4596-4778' 82,800# SN x 41,400 gal frac fl			
				4858-5046' 59,800# SN x 29,900 gal frac fl			
				5183-5330' 77,040# SN x 38,520 gal frac fl			
32. PRODUCTION							
33. Date First Production.		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
		Flowing				SI	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
3/4/78	3 hours	.75"			260		
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	API Gravity - API (Corr.)	
160	420			2076			
34. Disposition of Gas (Sold, used for fuel, vented, etc.)							
To Be Sold							
35. List of Attachment:							
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.							
Original Signed By				TITLE		DATE	
E. E. SVOBODA				Area Adm. Supervisor		3/30/78	



INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in triplicate except on state land, where six copies are required. See Rule 1165.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland <u>2716</u>	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs <u>3006</u>	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House <u>4587</u>	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee <u>4762</u>	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout <u>5187</u>	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos <u>5342</u>	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 2, from.....to.....

No. 3, from.....to.....

No. 4, from.....to.....

No. 5, from.....to.....

No. 6, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.

No. 2, from.....to.....feet.

No. 3, from.....to.....feet.

No. 4, from.....to.....feet.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
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-
Effective 1-1-65

I. Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State Gas Com "I"	1A	Blanco Mesaverde	State, Federal or Fee State	
Location				
Unit Letter	P	790	Feet From The	South
		Line and	920	Feet From The
		East		
Line of Section	2	Township	29N	Range
		9W	, 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)	
Plateau, 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.	Unit	Sec.
	P	2
	29N	9W
Is gas actually connected?	No	When
		Approximately 90 days

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2/3/78	3/4/78	5450'	5405'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6337' GL	Mesaverde	4596'	5327'					
Perforations 4596-4602, 4608-28, 4641-48, 4652-56, 4662-68, 4672-76, 4685-89,			Depth Casing Shoe					
4694-4700, 4720-24, 4735-40, 4772-78, 4858-62, 4870-74, 4908-12, (over)			5449'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	9-5/8" Casing	281'	300 SX					
8-3/4"	7" Casing	3421'	693 SX					
6-1/4"	4-1/2" Casing	3199-5449'	270 SX					
	2-3/8" Tubing	5327'						

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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2076	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	520	520	.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.

Original Signed By
E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

3/30/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 4 1978, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #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 deviatio 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

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, NM 87401

Reason(s) for filing (Check proper box)

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

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

RECEIVED
FEB 15 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State Gas Com I</u>	Well No. <u>1A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>91002006</u>
Location Unit Letter <u>P</u> : <u>790</u> Feet From The <u>South</u> Line and <u>920</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>29 N</u> Range <u>9 W</u> , NMPL: <u>San Juan</u> 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"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of Castinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>E1-Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>2</u> Twp. <u>29N</u> Rge. <u>9W</u>	Is gas actually connected? _____ When _____

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.

B.D. Shaw
(Signature)
Admin. Supervisor
(Title)
1-2-85
(Date)

OIL CONSERVATION DIVISION
FEB 15 1985

APPROVED _____
BY Frank J. Gove
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.