Form C-105
Revised 10-1-78

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease: State [ ] Fee [X]
5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name: Lobato Gas Com "E"
9. Well No.: 1E
10. Field and Pool, or Wildcat: Basin Dakota

1a. TYPE OF WELL: OIL WELL [ ] GAS WELL [X] DRY [ ] OTHER
b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] OTHER
2. Name of Operator: Amoco Production Company
3. Address of Operator: 501 Airport Drive, Farmington, NM 87401
4. Location of Well: UNIT LETTER D LOCATED 1220 FEET FROM THE North LINE AND 910 FEET FROM West LINE OF SEC. 3 TWP. 29N RGE. 9W NMPM

12. County: San Juan

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
8-13-80	8-20-80	11-11-80	5602' GL	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
6934'	6920'		——→	0-TD	

24. Producing Interval(s), of this completion — Top, Bottom, Name
6628-6649, 6730-6747, 6830-6842, 6872-6890, Dakota

25. Was Directional Survey Made: No

26. Type Electric and Other Logs Run
Induction Electric- SP- Gamma Ray, Compensated Density-Sidewall Neutron-Gamma Ray.

27. Was Well Cored: No

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#	324'	12 1/4"	320 sx	
7"	20.0#	2603'	8 3/4"	520 sx	
4 1/2"	10.5#	6934'	6 1/4"	320 sx	

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8"	6879'	None

31. Perforation Record (Interval, size and number)
6628-6649, 6730-6747, 6830-6842, 6872-6890, with 2 spf, a total of 136, .38" holes.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
6628-6747	85,440 gal of frac fluid & 121,000# 20-40 sand.
6830-6890	89,000 gal of frac fluid & 86,320# 20-40 sand.

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PRODUCTION

First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas—Oil Ratio
12-9-80	3 Hrs.	.75			104		

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
60	475			831		

33. Disposition of Gas (Sold, used for fuel, vented, etc.)
To Be Sold

Test Witnessed By

34. List of Attachments

35. 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.

SIGNED E. E. SVOBODA TITLE Dist. Admin. Supvr. DATE 1-20-81

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division 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 radioactivity 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 35 through 44 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

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		T. Penn. "C"			
B. Salt	T. Atoka	T. Pictured Cliffs		T. Penn. "D"			
T. Yates	T. Miss	T. Cliff House	3867	T. Leadville			
T. 7 Rivers	T. Devonian	T. Menefee	4050	T. Madison			
T. Queen	T. Silurian	T. Point Lookout	4320	T. Elbert			
T. Grayburg	T. Montoya	T. Mancos	4627	T. McCracken			
T. San Andres	T. Simpson	T. Gallup	5623	T. Ignacio Qizte			
T. Glorieta	T. McKee	Base Greenhorn	6580	T. Granite			
T. Paddock	T. Ellenburger	T. Dakota	6622	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. 4, from ..... to .....

No. 2, from ..... to ..... No. 5, from ..... to .....

No. 3, 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
3867	4627	760	Mesaverde				
4627	5623	996	Mancos				
5623	6215	592	Gallup				
6215	6517	302	Mancos				
6517	6580	63	Greenhorn				
6580	6622	42	Graneros				
6622			Dakota				

ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: AMOCO PRODUCTION COMPANY

Address: 501 Airport Dr., Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

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.
Lobato Gas Com "E"	1E	Basin Dakota	State, Federal or Fee Fee	

Location: Unit Letter D ; 1220 Feet From The North Line and 910 Feet From The West

Line of Section 3 Township 29N Range 9W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	4775 Indian School Road NE, Albuq., NM 87110
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 Co.	P. O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	3	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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/13/80	11/11/80	6934'	6920'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5602' GL	Dakota	6628'	6879'
Perforations			**Depth Casing Shoe**
6628-6649, 6730-6747, 6830-6842, 6872-6890			6934'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	324'	320 sx
8 3/4"	7	2603'	520 sx
6 1/4"	4 1/2"	6934'	320 sx

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)

OIL WELL

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
104	3 hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1260	1755	.75"

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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 above is true and complete to the best of my knowledge and belief.

Original Signed By
E. E. SVOBODA
(Signature)

Dist. Admin. Supvr.
(Title)

1/20/81
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 20 1981, 19__

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [x] Condensate

Other (Please explain)

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.
Lobato Gas Com E	1E	Basin Dakota	State, Federal or Fee Fee	

Location

Unit Letter D : 1220 Feet From The North Line and 910 Feet From The West

Line of Section 3 Township 29N Range 9W , NMPM, 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 Company	P. O. Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	3	29N	9W		

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.

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

OIL CONSERVATION DIVISION

APPROVED JAN 22 1985

BY Charles Gholson

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

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JAN 03 1985
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DIST. 3