

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name U. S. G. Section 19	Well No. 23	Pool Name, including Formation Hogback Dakota	Kind of Lease Indian Navajo State, Federal or Fee I-89	Lease No. IND-58
Location Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line of Section 19 Township 29N Range 16W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp. Permian (EN. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : J Sec. : 19 Twp. : 29N Rge. : 16W
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.

BDS Shaw

(Signature)

Admin. Supervisor

(Title)

11-8-84

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 20 1984**
BY **Frank J. Shaw**
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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different depths for
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	DEC 16 1985
2. NAME OF OPERATOR Amoco Production Co.	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL X 2310' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5010' GL

6. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58	
8. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME USG Section 19	
9. WELL NO. 23	
10. FIELD AND POOL, OR WILDCAT Hogback Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/NE Sec 19, T29N, R16W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drilled in and rigged up service unit on 11-26-85. Total depth of the well is 840'. Tripped out 21 joints of 2 3/8" tubing. Squeezed interval 0'-795' (plugback depth) with 77 cu. ft. Class B Portland cement. Cut off wellhead and weld on dryhole marker. The subject well is now permanently abandoned. Released the rig on 11-26-85.

Approved as to plugging of the well bore.
Liability under sec. 1 is waived until
surface restoration is completed.

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DEC 19 1985
OIL CON. DIV.
DIST. 2

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Adm. Supervisor

DATE

12-6-85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

DEC 17 1985

*See Instructions on Reverse Side

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

DEC 16 1985

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FNL X 2310' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)
5010' GL

5. LEASE DESIGNATION AND SERIAL NO.
I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
USG Section 19

9. WELL NO.
23

10. FIELD AND POOL, OR WILDCAT
Hogback Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/NE Sec 19, T29N, R16W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Co. intends to permanently abandon the subject well.
Verbal approval was received from Jim Lovato on 9-30-85.

RECEIVED
DEC 19 1985
OIL CON. DIV.
DET 2

18. I hereby certify that the foregoing is true and correct

SIGNED B. S. Shaw TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 12-6-85

DATE DEC 17 1985

John Kelly

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC