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

B.K. 1
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **AMOCO PRODUCTION COMPANY**
Address **501 Airport Drive, Farmington, New Mexico 87401**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 USG Section 19	Well No. 37	Pool Name, including Formation Hogback Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. I-89-IND-58
Location Unit Letter H ; 1050 Feet From The east Line and 1980 Feet From The north Line of Section 19 Township 29-N Range 16-W , 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"/> Four Corners Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mexico 87401					
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? <input type="checkbox"/>	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-16-73	Date Compl. Ready to Prod. 10-8-73		Total Depth 671'		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 5032' GL, 5036' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 670'		Tubing Depth 658'			
Perforations Open hole completion					Depth Casing Shoe 659'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	7-5/8"		70' KB		50 sx			
6-3/4"	5-1/2"		659' KB		100 sx			
4-3/4"	2-3/8"		658' KB		-			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of oil and gas equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-8-73	Date of Test 10-8-73	Producing Method (Flow pump, gas lift, etc.) Pumping
Length of Test 25 hrs.	Tubing Pressure 5	Casing Pressure 0
Actual Prod. During Test 212 bbls. fluid	Oil-Bbls. 11	Water-Bbls. 201
		Gds-MCF TSTM*

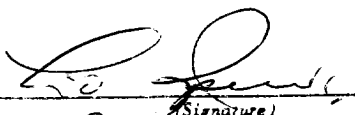
*Too small to measure.

GAS WELL

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

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.


(Signature)
Area Sup
(Title)
October 9, 1973
(Date)

OIL CONSERVATION COMMISSION

OCT 12 1973
APPROVED _____, 19____
BY **PETROLEUM ENGINEER DIST. NO. 3**
Original Signed by Emory C. Arnold
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 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.

