

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-1  
Effective 1-1-65

API 30-045-23732

I. Operator  
Amoco Production Company  
Address  
501 Airport Drive Farmington, NM 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 Hare Gas Com "F"	Well No. 1	Pool Name, Including Formation Bloomfield Chacra	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter G ; 1930 Feet From The North Line and 2340 Feet From The East Line of Section 23 Township 29N Range 11W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
E1 Paso Natural Gas Company	P.O. Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No Within 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 11-21-79	Date Compl. Ready to Prod. 1-30-80	Total Depth 2980'	P.B.T.D. 2939'					
Elevations (DF, RKB, RT, GR, etc.) 5480' GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 2809'	Tubing Depth 2823'					
Perforations 2809-13', 2817-21'	Depth Casing Shoe 2980'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8", 24.0#	304'	300					
7-7/8"	4-1/2", 10.5#	2980'	815					
	2-3/8"	2823'						

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	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1037 PSIG	Casing Pressure (shut-in) 1037 PSIG	Choke Size .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.

Signed By  
MOBODA  
(Signature)  
District Administrative Supervisor  
(Title)  
2-22-80  
(Date)

OIL CONSERVATION COMMISSION

MAR 21 1980

APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
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.  
Separate Form C-104 must be filed for each well in multiple