	1 5.0.00.00	_i			/	4
	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
	U.S.G.S,	AUTHORIZATION TO TR	AND TION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	_	THE ONLY OF MILE H	ATORAL GAS		
	TRANSPORTER GAS /					
	OPERATOR			30-04	15-2366	, <u></u>
I	PRORATION OFFICE Operator	<u> </u>				
	Amoco Production Comp	any				
	501 Airport Drive Farmington, NM 87401					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well X Change in Transporter of:					
	Recompletion Oil Dry Gas Condensate Condensate					
	If change of ownership give name and address of previous owner					
II	. DESCRIPTION OF WELL AND	Formation	Kind of Lease			
	State Gas Com "BQ" Well No. Pool Name Including F Basin Dakot		i.	State, Federal or Fee	Fee	Lease No.
	Location Ed	Dasin bakot	<u>a</u>		ree	
	Unit Letter I ; 1	850 Feet From The South Lin	ne and 870	Feet From The	East	
	Line of Section 32 To	wnship 29N Range	13W , NMPM,	San	Juan	County
III	. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to	which approved copy	of this form is to	he senti
	Plateau, Inc.	4775 Indian School Rd., NE, Albuquerque, NM				
	Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗍 Address (Give address to which approved copy of this form is to be sent 874					
	E1 Paso Natural Gas Company If well produces oil or liquids, give location of tanks. P.O. Box 990, Farmington, NM 87401 Is gas actually connected? When Approximately 30 days					
	If this production is commingled with that from any other lease or pool, give commingling order number:					
10	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res					Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.I	D.	1
	9-25-79	12-26-79	6500_		6340	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	•	
	5867 GL	Dakota	6361	Depth (6173 Depth Casing Shoe	
	6361-6371', 6376-6384'				6500	
		CEMENTING RECORD				
	12-1/4"	8-5/8", 24,0#	DEPTH SET		SACKS CEME	NT
	7-7/8"	4-1/2", 10,5#	291 6499		315 sx 1505 sx	
		2+3/8", 4.7#	6173			
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume	e of load oil and must	he equal to or ex-	reed top allow
• •	OII. WELL able 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 .	<u> </u>
						• • •
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds + M0		<u> </u>
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grayity	of Condensate	
	3276 Testing Method (pitot, back pr.)	3 hours Tubing Pressure(Shut-in)	Casing Pressure (Shut-i	n) Choke !	Size	,
	Back Pressure	1.795	1795		.75	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JAN 1 4 1900 19			
			Original Signed by FRANK T CHAVET			
			BY Original Signed by Fraction 1. Clarate			
li di			TITLE			

Colginal Signal 🗽

(Signature)

(Title)

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District Administrative Supervisor

1-10-80 (Date)

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, ell name or number, or transporter, or other such change of condition.

Canada Forms C-104 must be filed for much most in multiply