

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-110  
Effective 1-1-65

30-045-23855

I.

Operator Amoco Production Company	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDaniel Gas Com "B"	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter F	1520	Feet From The North	Line and	1850	Feet From The West
Line of Section 26	Township 29N	Range 10W	, 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Plateau, Inc.	4775 Indian School Rd, NE, Albuquerque, NM 87111				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 26	Twp. 29N	Rge. 10W	Is gas actually connected? No
					When Approximately 30 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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 12-6-79	Date Compl. Ready to Prod. 1-22-80	Total Depth 6500			P.B.T.D. 6451			
Elevations (DF, RKB, RT, GR, etc.) 5508' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6310			Tubing Depth 6403			
Perforations 6310-6404'				Depth Casing Shoe 6500				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 32.3#		320'		350 SX			
8-3/4"	7", 20.0#		2215'		475 SX			
6-1/4"	4-1/2", 11.6#		6500'		515 SX			
	2-3/8"		6403'					

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 622	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 778	Casing Pressure (Shut-in) 794	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.

A. E. CHAVEZ

(Signature)

District Administrative Supervisor

(Title)

3-25-80

(Date)

OIL CONSERVATION COMMISSION

MAR 3 1 1980

APPROVED \_\_\_\_\_, 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.

Concrete Forms C-104 must be filed for each well in multiple.