STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	_
LAND OFFICE	
DEFRATOR	

OIL CONSERVATION DIVISION

SANTA FE		P. O. BOX 2088	Form C-103 Revised 10-1-1
	SAI	NTA FE, NEW MEXICO 87501	NC1724 10 1
FILE			5a. Indicate Type of Lease
U.S.G.S.			State Fee v
OPERATOR			5. State Oil & Gas Lease No.
OPENATOR			5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5
<u> </u>	SUNDRY NOTICES AND	DEDODITE ON WELL C	anamanak
(DO NOT USE THIS FOR	SUNDRY NOTICES AND THE PROPOSALS TO BRILL OR THE PROPOSALS TO BRILL OR THE PROPOSALS TO BE AND THE PR	J KEPUK IS UN WELLS TO BEEPEN OR PLUS BACK TO A DIFFERENT RESERVOIR. FORM C-101) FOR SUCH PROPOSALS.)	
,	A PERCENTION FOR PERCENT	OFM C-1017 FOR SUCH PROPOSICES.	7, Unit Agreement Name
OIL 645	X		
WELL WELL WELL	. LA OTHER-		8, Farm or Lease 1;ame
· · · · · · · · · · · · · · · · · · ·	uction Company		Garcia Gas Com "B"
Address of Operator			
•	t Dr., Farmington,	NTM 07/01	9. Well No.
	Di., raimington,	Nr 07401	1E
Location of Well			10. Field and Paol, or Wildcat
UNIT LETTERM		M THE South LINE AND 590 FEET F	Basin Dakota
	·		
West	INE SECTION 21	TOWNSHIP 29N RANGE 10W NA	
	, 5201,00	NAMEN	
	15. Elevo	ntion (Show whether DF, RT, GR, etc.)	12. County
	<i>\\\\\\\</i>	5471' G.L.	San Juan
		To Indicate Nature of Notice, Report or	Other Data
NOTIC	E OF INTENTION TO:	SUBSEQUE	ENT REPORT OF:
	·		
ERFORM REMEDIAL WORK	PLUG	G AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	· ·	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING	CHA	NGE PLANS CASING TEST AND CEMENT JOB	
•	'	OTHER Plug back depth	h correction x
OTHER			i a
7. Describe Proposed or Com	npleted Operations (Clearly sta	ate all pertinent details, and give pertinent dates, includ	ding estimated date of starting any proposed
work) SEE RULE 1103.			
Correct pl	ug back donth shoul	d be 6438' and not 6453' as report	ted previously
COLLECT DIE		d be 0430 and not 0433 as report	red breatoners.
2	ag back depth shour		•
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	ig back depth shoul	FEET	108?
		FERZ	1082
	nformation above is true and co	implete to the best of my knowledge and belief.	100?
	oformation above is true and co		1087
	nformation above is true and co	mplete to the best of my knowledge and belief. Dist. Admin. Supvr.	2-10-82

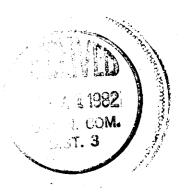
T LTR



Job **se**paration sheet

TABULATION OF DEVIATION TESTS Garcia Gas Com "B" No. 1E AMOCO PRODUCTION COMPANY

DEPTH	DEVIATION
296' 1828' 2656'	1/2° 1/2° 1/2°
2998'	1/2°
3225'	1/2°
4045 '	3/4 ⁰
4539 .	3/4 ⁰
5068 '	1/20
5615 '	1/20
6120 '	1/40



AFFIDAVIT

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S Garcis Gas Com "B" No. 1E, Section 21, T29N, R10W, San Juan County, New Mexico

Signed Admin, Suppr.

THE	STAT	E OF	NEW	MEXI	CO)	
)	SS.
COID	TY C	F SA	MIT. K	N)	

BEFORE ME, the undersigned authority, on this day personally appeared <u>E.E. Svoboda</u> known to me to be <u>Dist. Admin. Supvr.</u> for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this _____ day of _February _____ , 19_82.

blenna J. Brown
Notary Public



† LTR



Job separation sheet

OBTRIBUTION SANTA FE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR	AUTHORIZATIO	,	AND		RAL GAS	CHED	185 W.	
1.	Operation Operation Compa	.ny					1 CEO 02	ري خ-	}
	Address	, , , , , , , ,					N. Sec. 13		
	501 Airport Drive, Far Reoson(s) for filing (Check proper box		401		Other (Please	explain)		-	:
	New Well 😠	Charige In Transp	orter of:		Correct	ed form (C-104 to cor	rect '	TD.
	Recompletion Change in Ownership	Cil Casinghead Gas	Dry G	= 1	Should previou		and not 645	3' as	reported
	If change of ownership give name and address of previous owner				•		· · · · · · · · · · · · · · · · · · ·	·	
II.	DESCRIPTION OF WELL AND	Well No. Pool No	ame, Including F	ormation		Kind of Lease	,		Lease No.
	Garcia Gas Com "B"	IE: E	Basin Dako	ta		State, Federal	or Fee Fee		
	7	Feet From The	_South_Lir	ne and the	0	_ Feet From T	The West		·
	Line of Section 21 Tox	waship 29N	Range 1	011	, NMPM,	San Ju	ıan		County
σī.	DESIGNATION OF TRANSPORT				·		-d/-l/- /	- 7 1	
	Name of Authorized Transporter of Oil Plateau, Inc.	or Condensat	• 🖾	1			ed copy of this for nergue. NM		: sent)
	Name of Authorized Transporter of Cas	singhead Gas or D	ory Gas 🔀	P. O. Box 26251, Albuquerque, NM 8712 Address (Give address to which approved copy of this form is to					
	El Paso Natural Gas Co	Unit Sec. Tw	vp. Rge.		Box 990,		on, NM 874	01	
	If well produces oil or liquids, give location of tanks.	M 21 29	N 10W	No		i			
	If this production is commingled wit COMPLETION DATA	th that from any other	lease or pool,	give commi	ngling order	number:	I Diva Back San	. 5 1	12(4, 5, -1)
	Designate Type of Completic	on = (X)	X	X		l L	! ! ! !	- Nes.v.	Diff. Res'v.
	Dete Spudded 1-25-81	Date Compl. Ready to 1		Total Dept				381	
	Elevations (DF, RKB, RT, GR, esc.) 5471 G.L.	Name of Producing For Dakota	mation	Top Oil/Gas Pay 6233		Tubing Depth 6230		i 	
	Perforations 6233'-6266', 6404'-641	.6 '				· · · · · · · · · · · · · · · · · · ·	Depth Casing Sho 64	53'	
		TUBING,	CASING, AND	CEMENT	NG RECORD		E C C V E	CEMEN	
	12-1/4"	9-5/8 ¹¹	ING SIZE		296'		375 sx		
	7-7/8"	4-1/2"		(5453 '		1285 sx		
		2-3/8"		1	5230 '				
₹.	TEST DATA AND REQUEST FO	OR ALLOWABLE	(Test must be a able for this de				i nd must be equal to	o or exce	ed top allow-
İ	Date First New Oll Run To Tanks	Date of Test		Producing	Method (Flow,	pump, gas lifi	, etc.)		
	Length of Test	Tubing Pressure		Casing Pre	ваше	· <u> </u>	Choke Size		
	Actual Prod. During Test	Oil-Bbis.		Water - Bble	J.		Gas-MCF		
•,	GAS WELL								
	Actual Prod. Tool-MCF/D 1192	Length of Test 3 hours			ensate/MMCF		Gravity of Conden	sale.	
	Teeting Method (pitot, back pr.) Back Pressure	Tubing Pressure(shut 1285 psig	-ia)	1	psig	ln)	Choke Size		
i. 1	CERTIFICATE OF COMPLIANC	CE .				NSERVAT	ON DIVISION	•	•
,	I hereby certify that the rules and re Division have been complied with above is true and complete to the	and that the informat	ion given i	APPROV Or BY	iginal Signed	by FRANK T.	CHAVEZ	, 19 -	
•				SUPERVISOR DISTRICT # 3					
-	Original S E. E. SVC	DBODA		If the well, this	is is a reque a form must !	st for allows	ompliance with a ble for a newly of led by a tebulation ance with RULE	drilled or on of the	r despense
•	District Administrativ			able on	new and reco	ompleted wel			
-	2-10-82 (Dat	(e)		well nam	e or number,	or transporte	III, and VI for r, or other such cl	hange of	condition.
				Sepi complete	d wells.	C-104 must	be filed for eac	h pool i	in multiply

T LTR



Job separation sheet

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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u.s.a.s.	y.1.0.4,		
LAND OFFICE	LAND OFFICE		
TRANSPORTER	OIL		
	GAS		
PERATOR			
PROBATION OFF	KEE		

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

PROBATION OFFICE		AND.		
1.	AUTHORIZATION TO TRANS	SPORT OIL AND NATI	JRAL GAS	
Operator				
Amoco Production Company				
Address				
501 Airport Drive Farmi	ngtori, NM 87401			
Reason(s) for filing (Check proper box)		Other (Pleas	a erridea)	
New Well	Change in Transporter of:	oer // ted2	·	
Recompletion		ry Gas		
Change in Ownership		anderiagte		
If change of ownership give name and address of previous owner				
- na saaress of previous owner				
II. DESCRIPTION OF WELL AND LE	EASR			
Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.
Garcia Gas Com B	/∈ Basin Dakota		State, Federal or Fee Fee	
Location			Jee	-l
Unit Letter M: 790	Francisco The South	500		
	_ red rom intCIR	10 and	Feet From The WLSE	
Line of Section 2/ Township	29N Hanne /	(Till) NILON	. San Juan	_
		, NAFA	. July	Caunty
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATTIRAL	GAS	,	
Name at Authorized Transporter of Oil	or Condensate 🔀	Asaress (Give address	to which approved copy of this form is t	o de senti
Permian Corp. Permian (Eff. 9	/ 1 /87)	P. O. Box 170	2 Farmington, NM 87499)
Name of Authorized Transporter of Casinghe		Address (Give address	to which approved copy of this form is t	o be sent!
El Paso Natural Gas Compa	any	P. O. Box 990	Farmington, NM 87401	
If well produces oil or liquids. Unit	Sec. Twp. Aqe.	Is gas actually connect	od? When	
give location of tanks.	1 : 21 :29N:10W		i	
f this production is commingled with the		give commissing order		
		give comminging ords:	r number:	
NOTE: Complete Parts IV and V on	reverse side if necessary.			
VI. CERTIFICATE OF COMPILANCE		ا ا	ONCES ATION OF THE	
FI. CERTIFICATE OF COMPILANCE	!	ا الله	ONSERVATION DIVISION	4005
hereby certify that the rules and regulations of	the Oil Conservation Division have	APPROVED	JAN - 3	1985
seen complied with and that the information give	n is true and complete to the best of	1	1/1/1/1	19
ny knowledge and belief.		BY	harles the	
/		1	DEPUTY OIL & GAS INSPECTOR, DI	ST. #3
$O \times C/$	İ	TITLE		
$\langle \langle \rangle \rangle \rangle \langle \langle \rangle \rangle \langle \langle \rangle \rangle \langle \langle \rangle \rangle$		This form is to	be filed in compliance with RULE	1104
(Signature)		If this is a requ	est for allowable for a newly delite	
Admin. Supervisor		tests taken on the	be accompanied by a tabulation of vell in accordance with AULY 111	the deviation
(Tille) 1-2-85		mole on new and red	•	
(Date)		Men usue of unuper	ections I. II. III, and VI for chan- or transporter, or other such change	of condition.
į.	0 6	Separate Forms	C-104 must be flied for each po-	ol in multiply
i		completed wells.	·	