

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain)

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OIL CONSERVATION DIVISION
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Abrams Gas Com "G"	Well No. 1	Pool Name, Including Formation Bloomfield Chacra	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I 1820 Feet From The South Line and 900 Feet From The East Line of Section 30 Township 29N Range 10W NMPM, San Juan Count				

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, Incorporated	P. O. Box 489 Bloomfield, NM 87413
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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. 30 Twp. 29N Rge. 10W	No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Original Signed By
B. D. Shaw
(Signature)

Administrative Supervisor
(Title)

5-19-84
(Date)

OIL CONSERVATION DIVISION
MAY 24 1984

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 deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filled for each pool in newly completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			X	X					
Date Spudded 10-5-83	Date Compl. Ready to Prod. 10-20-83	Total Depth 2953'			P.B.T.D. 2909'				
Elevations (DF, RKB, RT, GR, etc.) 5524 GR	Name of Producing Formation Bloomfield Chacra	Top Oil/Gas Pay 2750'			Tubing Depth 2871'				
Perforations 2750' - 2764', 2846' - 2860', 2jspf, .38" in diameter for a total of 56 holes							Depth Casing Shoe 2952'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12.25"	9.625" 36#, K-55		335'			315			
8.75"	7" 26# K-55		2952'			580			
	2 3/8"		2871'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test-MCF/D 3377 3377	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2750 816	Casing Pressure (shut-in) -----	Choke Size .75

W. D. ...
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