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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company		Well API No. 30-045-25329
Address P. O. Box 800, Denver, CO 80201		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Change of Pool Name <i>from 1st pool to 2nd</i> <i>pool change only</i>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davis Gas Com J	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease XXX XXX For Fee	Lease No.
Location Unit Letter F : 1480 Feet From The North Line and 1450 Feet From The West Line Section 26 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)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
Is gas actually connected?	When?	
Yes	2/15/85	

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						
Date Spudded 10/29/82	Date Compl. Ready to Prod. 12/29/82	Total Depth 4331'	P.B.T.D. 4237'					
Elevations (DF, RKB, RT, GR, etc.) 5447' GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 2631'	Tubing Depth 2765'					
Perforations 2631-2670', 2734-2772' with 2 JSPF, 154 0.38" holes			Depth Casing Shoe 4330'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	316'	350 SX					
8-3/4"	7"	4330'	1050 SX					
	2-3/8"	4020'						
	2-1/16"	3765'						

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 Tank	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.

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 1126	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 770 psig	Casing Pressure (Shut-in) 770 psig	Choke Size 48/64

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature *R. L. Hiatt*
Printed Name **R. L. Hiatt, Sr. Staff Admin. Supervisor** Title
Date **May 7, 1990** Telephone No. **(303) 830-4040**

OIL CONSERVATION DIVISION

Date Approved **MAY 17 1990**

By *Barry Sherry*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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