

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**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)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change of Pool Name
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"/>	

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 Blanco Mesaverde	Kind of Lease See Instructions 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P. O. Box 1702, Farmington, NM 87401
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	Is gas actually connected? When?
Unit F Sec. 26 Twp. 29N Rge. 11W	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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Dilf Res'v <input type="checkbox"/>
Date Spudded 10/29/82	Date Compl. Ready to Prod. 11/29/82		Total Depth 4331'			P.B.T.D. 4237'		
Elevations (DF, RKB, RT, GR, etc.) 5447' GL	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 3970'			Tubing Depth 4020'		
Perforations 4008-4030', 3970-4002', with JSPF, 108 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"		2765'					

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.

RECEIVED
MAY 17 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 749	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1430 Psig	Casing Pressure (Shut-in) ---	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*
R. L. Hiatt, Sr. Staff Admin. Supervisor
Printed Name Title
Date **May 7, 1990** Telephone No. **(303) 830-4040**

OIL CONSERVATION DIVISION

Date Approved **MAY 17 1990**
By *Barry Shroy*
SUPERVISOR DISTRICT #3
Title _____

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.