## STATE OF NEW MEXICO MINIFRALS DEPARTMENT

HOY AND WHITE	IALS L	CEAN	-
	(1460		╝
DISTRIBUTI		┙	
SANTA FE			_
FILE			ᆚ
U.S.G.S.			
LAND OFFICE			_
TRANSPORTER	OIL		_
	GAS		_
OPERATOR			

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

U.S.G.S.  LAND OFFICE  OIL	REQUEST FOR				
OPERATOR PROMATION OFFICE	AUTHORIZATION TO TRANSP	ND PORT OIL AND NATURAL	_ GAS		
Operator  Amoco Production Compan	ny		fř	a coein	
Address			15	y E G E I V	
501 Airport Drive, Fari Reason(s) for filing (Check proper box	nington, NM 07401	Other (Please ex	olain)	<u>U.V. 4. 7100</u>	<u>ੂ ਘੁ</u>
New Well	Change in Transporter of:	ansporter of:		JUN 1 71983	
Recompletion	Cil Dry Gas		OIL CON, DIV,		
Change in Ownership	Casinghead Gas Conden	isate	<del> </del>	DIST. 3	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fe	ormation Kin	nd of Lease		Lease No.
State Gas Com "BZ"	1 Bloomfield C	L L	rte, Federal	or Fee State	E-9668
Location	south	1080 sand	Feet From T	east	
Unit Letter;;	<del></del>				
Line of Section 32 To	ownship 29N Range	10W , NMPM,	San J	<u>uan</u>	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to u	hich approve	ed copy of this form is t	io be sent)
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas A	Address (Give address to u			to be sent)
El Paso Natural Gas		P. O. Box 990,			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	When	1	
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,				
Designate Type of Completi	on - (X)		Deepen	Plug Back   Same Res	s'v. Diff. Res'
	Date Compl. Ready to Prod.	X Total Depth		P.B.T.D.	
Date Spudded 11-28-82	2-3-83	5861'		5861'	<del> </del>
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay		Tubing Depth	
5678' GL	Chacra	2881'		3018 Depth Casing Shoe	
Perforations 20741 20741 207	06' 2 JSPF 86 .38" holes.			5830	
2881 - 2894 , 2976 - 300	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEI	MENT
17-1/2"	13-3/8" 54.5# J-55	298'		541 1979	
12-1/4"	9-5/8" 47# K-55	3548' 5385'		390	
8-1/2"	7" liner 4-1/2" liner	59301			
6-1/4"	FOR ALLOWABLE (Test must be a	3018	of load oil a	and must be equal to or	exceed top all
OIL WELL	65.0 /0 1.0.0 0.0	epth or be for full 24 hours) Producing Method (Flow, p			· · · · · · · · · · · · · · · · · · ·
Date First New Oil Run To Tanks	Date of Test	Producing Method (1.55, p	<b>, .</b>	,,,	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.		Gas-MCF	
GAS WELL	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	•
Actual Prod. Test-MCF/D 3210	3 hrs.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	<b>a</b> )	Choke Size	
back pressure	733	733		.75	
CERTIFICATE OF COMPLIAN	NCE		VSERVAT	TON DIVISION 1963	
f hereby certify that the rules and	regulations of the Oil Conservation	APPROVED			
	th and that the information given he best of my knowledge and belief.	- 11			
		TITLE			
en e	star 1 By	The farm is to be flied in compliance with RULE 1104.			
	enature)	If this is a request for allowable for a newly drilled or deeper			
		well, this form must be accompanied by the state on the well in accordance with RULE 111, tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for all			
District Admini	strative Supervisor	All sections of the	his form mu impleted w	ejje. Pet pe ittied ant cour	
June 15,	Title)	Fill out only Se	ettene I, I	i, ill, she vi let she	ings of couqit
	(Pate)	well name or number,	C-104 mus	t be filed for each	pool in mult

Separate Forms C-104 must be filed for each pool in multi-completed wells.

(Date)