
DISTRIBUTION

ERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-104 Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

SANTA FE FILE U.S.G.S. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER GAS AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Amoco Production Company 501 Airport Dr., Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Recompletion CII Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Abrams J Bloomfield Chacra Ext. Fee State, Federal or Fee Location 1615 Feet From The South Line and 1115 Feet From The East 29N 10W Line of Section Township Range , NMPM, San Juan County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Jas Co. P. O. Box 990, Farmington, NM 87401 Sec. Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Oil Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Deepen Plug Back Designate Type of Completion - (X) Х Date Spudded Date Compl. Ready to Prod. Total Depth 12-6-82 5778**'** 2-18-83 57401 Elevations (DF, RKB, RT, GR, etc.) 5535 GL Name of Producing Formation Top Oil/Gas Pay Tubing Depth Chacra 2786' 2887' Perforations Depth Casing Shoe 5763 2786-2802', 2876-2910', 2 jspf, a total of 100 .31" holes TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 17-1/2" 13-3/8" 54.5# J-55 315 630 9-5/8" 12-1/4" 3454 T 47# S-95 800 8-1/2" liner 3248-53041 450 6-1/4" 4-1/2" liner *5/35*- 5763' <u> 15.6</u> 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Choke Size Casing Pressure Length of Test Water - Bbis. Actual Prod. During Test Oil-Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 3440 3 hours Tubing Pressure (Shut-in) Testing Method (pitot, back p.) Cosing Pressure (Shut-in) Choke Size Back pressure 886 886 .75 CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION APR 1 8 1983 APPROVED. 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. Oliginal Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 TITLE Original Slaced By

D.D. Lawsen

(Signature)

Dist. Admin. Supvr.

4-14-83 (Date)

(Title)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply ompleted wells.