

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company

Address 501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change In Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Re-completion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Abrams "K"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Armenta Gallup</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>10-13</u>
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>350</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 489, Bloomfield, New Mexico 87413</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks. Unit : <u>I</u> Sec. : <u>26</u> Twp. : <u>29N</u> Rge. : <u>10W</u>	Is gas actually connected? <u>No</u> When _____

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.

By _____
(Signature)
District Administrative Supervisor
(Title)
December 20, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 22 1983, 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 deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Res.
Date Spudded 5-7-83	Date Compl. Ready to Prod. 5-22-83 7-15-83	Total Depth 5900'	P.E.T.D. 5858'					
Elevations (DF, RKB, RT, GR, etc.) 5567' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5378'	Tubing Depth 5400' 5710'					
Perforations 5378'-5492', 5514'-5580', 5590'-5692', 1 jsp2f, 141 holes; .38" in dia.							Depth Casing Shoe 5900'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	11-3/4", 42#, H-40	302'	425 SX
7-7/8"	5-1/2", 15.5#, K-55	5900'	1866 SX
	2-7/8"	5710'	

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-15-83	Date of Test 7-16-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 85 psig	Casing Pressure —	Choke Size 32/64
Actual Prod. During Test	Oil-Bbls. 9.1	Water-Bbls. 5.3	Gas-MCF 50.7

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Flow, Gas-MCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size