

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATION	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-76
Format (5-01-83)
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 06 1984
OIL DIV

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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Earl B. Sullivan	Well No. 2	Foot Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>H</u> : <u>2130</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan Co.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>26</u> Twp. <u>29N</u> Rge. <u>11W</u>	No

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.

Original Signed By
D.D. Lawson

District Administrative Supervisor

January 4, 1984

OIL CONSERVATION DIVISION

JAN 06 1984

APPROVED
BY Original Signed By FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all 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 oil.
Separate Forms C-104 must be filed for each pool in recompleted wells.

IV. COMPLETION DATA

IV. COMPLETION DATA								
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.
		X		X				
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
4-29-83	5-13-83			5751'		5708'		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
5518KB	Armenta Gallup			5264'		5644'		
Perforations						Depth Casing Shoe		
5264'-5622', 1 jsp2f, .38" in diameter, 179 total holes						5751'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE
14-3/4"	11-3/4" 42#, H-40	306'	430
7-7/8"	5-1/2" 15.5#, K-55	5751'	1675
	2-7/8"	5644'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-11-83	6-12-83	Pumping	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
24 hrs.	80 psi		32/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	9.9	2.7	76

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Knot-Lb)	Casing Pressure (Knot-Lb)	Choke Size

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

RECEIVED
AUG 23 1984
OIL CON. DIV. 1
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Earl B. Sullivan	Well No. 2	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>H</u> : <u>2130</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>H</u> Sec. : <u>26</u> Twp. : <u>29N</u> Rge. : <u>11W</u>
Is gas actually connected?	When : <u>No</u>

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.

Original Signed By
D.D. Lawson

(Signature)

District Administrative Supervisor

(Title)

8-20-84

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 28 1984

19

BY

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 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 completed wells.