

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 10-01-78
Format 06-01-83
Page 1

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JUN 02 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Abrams L	Well No. 1	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation Permian (Eff. 9 / 1 / 87)	P. O. Box 1702, Farmington, NM 87499
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)
Gas Company of New Mexico	P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 26 29N 10W 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.

B. Shaw

(Signature)

Adm. Supervisor

(Title)

5-29-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

JUN 02 1986

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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded 5-23-83	Date Compl. Ready to Prod. 7-17-83		Total Depth 5940'		P.B.T.D. 5804'				
Elevations (DF, RKB, RT, GR, etc.) 5543' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5336'		Tubing Depth 5576'				
Perforations 5426'-5489', 5490'-5546', 5336'-5400'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4" 42# H40			317'		576 cf			
7-7/8"	5-1/2" 15.5# K55			5940'		2531 cf 2708			
	2-7/8"			5576'					

V. 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)

Date First New Oil Run To Tanks 7-17-83	Date of Test 7-18-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 85 psig	Casing Pressure	Choke Size 28/64"
Actual Prod. During Test	Oil - Bbls. 4.2	Water - Bbls. 1.4	Gas - MCF 64.7

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size