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| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 09 1984
OIL CON. DIV.
DIST. 3

I. Operator
Amoco Production Company
Address
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|--|--|-----|-----------|
| Lease Name Cloyd Cooper | Well No. 1 | Pool Name, including Formation Otero Chacra | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter <u>G</u> : <u>1470</u> Feet From The <u>North</u> Line and <u>1810</u> Feet From The <u>East</u> Line of Section <u>15</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 type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, NM 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 15 | Twp. 29N | Rge. 11W | Is gas actually connected? No | 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.

Original Signed By
B. D. Shaw

(Signature)

Administrative Supervisor
(Title)

5-3-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 09 1984, 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 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.

| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Res'v. | Diff. Res'v. |
|--|-----------------------------|-------------|-----------|----------|-----------------------|--------------|-----------|-------------|--------------|
| Date Spudded | Date Compl. Ready to Prod. | | X | X | | | | | |
| 2-27-84 | 4-12-84 | | | | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Total Depth | | | | P.B.T.D. | | | |
| 5577' KB | Chacra | 3018' | | | | 2970' | | | |
| Perforations | | | | | | Tubing Depth | | | |
| 2829'-2838', 2918'-2929', 4 ispf, total 80 holes | | | | | | 2932' | | | |
| Depth Casing Shoe | | | | | | 3017' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 12-1/4" | 8-5/8" 24# K-55 | | 316' | | 360 cu.ft. or 300 sx | | | | |
| 7-7/8" | 4-1/2", 10.5# J-55 | | 3017' | | 1319 cu.ft. or 880 sx | | | | |
| | 2-3/8" | | 2932' | | | | | | |

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 test allowable for this depth or be for full 24 hours) -

| Oil Well | | Gas Well | | New Well | | Workover | | Deepen | |
|---------------------------------|-----------------|---|--|----------|--|------------|--|--------|--|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | | | | Gas - MCF | | | |

GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 384 | 3 Hours | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back pressure | 955 psig | 955 psig | .75 |