

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
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FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-25887

I.

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

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OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Earl B. Sullivan Gas Com B	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter I, 1850 Feet From The South Line and 1190 Feet From The East Line of Section 23 Township 29N Range 11W, NMPM, San Juan County				

III. 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)
Plateau, Inc.	P. O. Box 489, Bloomfield, N M 87413
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 Gas	P. O. Box 990, Farmington, N M 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I, Sec. 23, Twp. 29N, Rge. 11W	No 11-13-84

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)

Adm. Supervisor

(Title)

9-27-84

(Date)

OIL CONSERVATION DIVISION
OCT 01 1984

APPROVED _____, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Dil. Resrv.
Date Spudded 6-3-84		Date Compl. Ready to Prod. 6-15-84		Total Depth 2858'		P.B.T.D. 2800'			
Elevations (DF, RKB, RT, CR, etc.) 5441' GR		Name of Producing Formation Chacra		Top Oil/Gas Pay 2662'		Tubing Depth 2769'			
Perforations 2674'-2662', 2770'-2756'						Depth Casing Shoe 2858'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#	335'	
7-7/8"	4-1/2", 10.5#	2858' 2841'	360 cu. ft.
	2-3/8"	2769'	1042 cu. ft.

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)

Time 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-Blk.	Water-Blk.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D 1552	Length of Test 3 hrs.	Blk. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) psig 678	Casing Pressure (Shut-In) psig 678	Choke Size .75"