

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

-25887

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452588700
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name EARL B. SULLIVAN GAS COM B	Well No. 1	Pool Name, Including Formation OTERO CHACRA (GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I : 1850 Feet From The FSL Line and 1190 Feet From The FEL Line 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 <input checked="" type="checkbox"/> MERIDIAN OIL INC. 77410	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY 77430	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls	Water - Bbls	

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature D. W. Whaley  
Doug W. Whaley, Staff Admin. Supervisor  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date June 25, 1990 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

Date Approved JUL 2 1990

By [Signature]  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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WELL API NO.

3004525887

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Earl B. Sullivan Gas Com B

8. Well No.

1

9. Pool name or Wildcat

Otero Chacra

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

Attention:

Pat Archuleta, Room 1205C

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

(303) 830-5217

4. Well Location

Unit Letter I : 1850 Feet From The South Line and 1190 Feet From The East Line

Section

23

Township

29N

Range

11W

NMPM

San Juan

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Amoco Production Company request permission to plug and abandon this well per the attached procedures.

If you have any questions contact Dave Smith at (303) 830-4502.

RECEIVED  
JAN - 9 1997  
OIL CON. DIV  
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Pat Archuleta*

TITLE

Staff Assistant

DATE 01-07-1997

TYPE OR PRINT NAME

Pat Archuleta, Room 1205C

TELEPHONE NO. (303) 830-5217

(This space for State Use)

APPROVED BY

*Johnny Robinson*

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE JAN - 9 1997

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY AZTEC OCD

IN TIME TO WITNESS

*A+A*

**E. B. Sullivan GC B #1**  
**Orig. Comp. 6/84**  
**TD = 2858', PBD = 2800'**  
**Page 2 of 2**

1. Check location for anchors. Install if necessary. Test anchors.
2. MIRUSU. Blow down well. Kill if necessary with fresh water. NDWH. NUBOP.
3. POOH with 2 3/8" tbg. RIH with tbg and CIBP. Set CIBP at 2612'. Test csg integrity to 500#. Spot 100' cement plug on top of CIBP (13 cuft cement). Pull up hole and spot 100' cement plug across the Pictured Cliff at 1610' to 1710' (13 cuft cement), Fruitland at 1350' to 1450' (13 cuft cement), Ojo Alamo at 520' to 620' (13 cuft cement) and 324' to surface (33 cuft cement).
4. NDBOP. Cut off casing and wellhead. Install PXA marker according to BLM or State requirements.
5. Contact FMC and ship surface equipment to yard or other location per instructions.
6. Turn over to John Schwartz for reclamation.
7. Rehabilitate location according to BLM or State requirements.