

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	
Address 501 AIRPORT DRIVE, FARMINGTON, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
If change of ownership give name and address of previous owner _____	

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Abram Gas Com "J"	Well No. 1	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>D</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>1160</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>29N</u> Range <u>10W</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 <u>Inc.</u>	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 <u>Corp</u>	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 <u>D</u>	Sec. <u>25</u>	Twp. <u>29N</u>	Rge. <u>10W</u>	Is gas actually connected? <u>No</u>	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.

IV. 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)

5-25-84

(Date)

OIL CONSERVATION DIVISION	
4-12-84 APPROVED	JUN 1 1984
Original Signed by CHARLES CHILSON	
BY	
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 Res.	Diff. Res.
			XX	XX					
Date Spudded 3-9-84	Date Compl. Ready to Prod. 3/17/84	Total Depth 4590'				P.B.T.D. 4546'			
Intervenor (DF, RKB, RT, GR, etc.) 5319' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 3650'				Tubing Depth 4385'			
Perforations 3650-4398						Depth Casing Shoe 4550'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11-1/2"	8-5/8", 24#	300' 307'	333 cu. ft. 480
7-7/8"	4-1/2", 10.5#	4385'	505 cu. ft. 2215
	2 3/8"	4385'	

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)

Oil - 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
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 3216	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) 260 psig 1033	Casing Pressure (Shut-In) 624 psig 1033	Choke Size .75"