

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                         |                                                              |
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| FILE                    |                                                              |
| U.S.A.                  |                                                              |
| LAND OFFICE             |                                                              |
| TRANSPORTER             | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR                |                                                              |
| 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

|                                                                                                                                       |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br><u>Amoco Production Company</u>                                                                                           |                                                                                                                                                                                 |
| Address<br><u>501 Airport Drive Farmington, NM 87401</u>                                                                              |                                                                                                                                                                                 |
| Reason(s) for filing (Check proper box)                                                                                               | Other (Please explain)                                                                                                                                                          |
| <input checked="" type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Condensate Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |

**RECEIVED**  
OCT 11 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                         |                       |                                                           |                                                   |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|---------------------------------------------------|-----------|
| Lease Name<br><u>Iefkovitz Gas Com B</u>                                                                                                                                                                                | Well No.<br><u>1A</u> | Pool Name, including Formation<br><u>Blanco Mesaverde</u> | Kind of Lease<br>State, Federal or Fee <u>Fee</u> | Lease No. |
| Location<br>Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1470</u> Feet From The <u>East</u><br>Line of Section <u>25</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) |
| <u>Plateau, Inc.</u>                                                                                                     | <u>P. O. Box 489 Bloomfield, NM 87413</u>                                |
| Name of Authorized Transporter of Condensate 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) |
| <u>El Paso Natural Gas</u>                                                                                               | <u>P. O. Box 990 Farmington, NM 87499</u>                                |
| If well produces oil or liquids, give location of tanks.                                                                 | Is gas actually connected? When                                          |
| Unit <u>G</u> Sec. <u>25</u> Twp. <u>29N</u> Rge. <u>10W</u>                                                             | <u>No</u>                                                                |

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)

Admin. Supervisor

(Title)

10-8-84

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 11 1984, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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'v. | Dill. Res'v. |
|                                               |                                                 |                          | X         | X                          |              |        |           |             |              |
| Date Spudded<br>7-19-84                       | Date Compl. Ready to Prod.<br>9-4-84            | Total Depth<br>4607'     |           | P.B.T.D.<br>4536'          |              |        |           |             |              |
| Elevation (DF, RKE, RT, CR, etc.)<br>5580' GR | Name of Producing Formation<br>Blanco Mesaverde | Top Oil/Gas Pay<br>3815' |           | Tubing Depth<br>4230'      |              |        |           |             |              |
| Perforations<br>See below                     |                                                 |                          |           | Depth Casing Shoe<br>4607' |              |        |           |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b>   |                                                 |                          |           |                            |              |        |           |             |              |
| HOLE SIZE                                     | CASING & TUBING SIZE                            |                          | DEPTH SET |                            | SACKS CEMENT |        |           |             |              |
| 12-1/2"                                       | 8-5/8", 24#                                     |                          | 321'      |                            | 384 cu. ft.  |        |           |             |              |
| 7-7/8"                                        | 4-1/2", 10.5 #                                  |                          | 4607'     |                            | 1770 cu. ft. |        |           |             |              |
|                                               | 2-3/8"                                          |                          | 4230'     |                            |              |        |           |             |              |

#### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Shls.       | Water-Shls.                                   | Gas-MCF    |

#### GAS WELL

|                                                   |                                       |                                       |                       |
|---------------------------------------------------|---------------------------------------|---------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D<br>1576                   | Length of Test<br>3 hrs.              | Shls. Condensate/LMCF                 | Gravity of Condensate |
| Testing Method (pilot, back pr.)<br>Back pressure | Tubing Pressure (Shut-In)<br>124 psig | Casing Pressure (Shut-In)<br>476 psig | Choke Size<br>.75"    |

Perforations: 4253'-4244', 4335'-4217', 4192'-4176', 4092'-4070', 4028'-4020', 3987'-3975', 3961'-3930', 3904'-3899', 3888'-3868', 3830'-3815'