## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

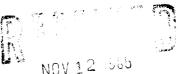
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DISTRIBUTION			7
SANTA PE		1	1
FILE		1	1
U.1.G.4.		1-	1-
LAND UFFICE		1	_
TRANSPORTER	OIL		
	GAS	$\Gamma$	
OPERATON			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form C-104 Revised 10:01:78 Format 06-01-83 Page 1



I. AUTHORIZATIO	ON TO TRANSPORT OI	L AND NATU	RAL GAS		<i>.</i>
1 1		·			
Amoco Production Co.					
Address				<del></del>	<del></del>
501 Airport Drive, Farmington,	N M 87401				
Reoson(s) for liling (Check proper box)		Other (Please	e e rata in l	<del></del>	<del></del>
New Well Change in Transpi	orter of:		CIPICINY		
Recompletion Oil	Dry Gos				
Change in Ownership Casinghead G	Condensate				
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE					
II C C C	tero Chacra		Kind of Lease		Lease No
Location	tero onacia		State, Federal or Fee	Fee	
Unit Letter J : 2220 Feet From The S	Outh Line and .	1400	Feet From The	East_	
Line of Section 14 Township 29N	Range 11W	, ММРМ,	San Juan	·	Count
IIL DESIGNATION OF TRANSPORTER OF OIL AN	O NATURAL GAS				
Name of Authorized Transporter of Cil or Condensate	(N) Address (	Give oddress i	o which approved copy o	this form	is to be sent)
Permian Corporation Permian (Eff. 9/	1/87) P.O.	Box 1702	, Farmington	, NM	87499
Name of Authorized Transporter of Casinghead Gas or Dr	y Gas 📑 🔝 Address (	Give adaress 10	which approved copy o	(this form	is to be sens)
Gas Company of New Mexico	P.O.	Box 1899	, Bloomfield	, NM	87413
	Rge. Is gas oct	wally connected	d? When	<u> </u>	221122
If well produces oil or liquids. Unit , Sec. Two	9N 11W	VO	d? When	, NPI	0/413

TITLE .

## 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.

(Signature)

Adm. Supervisor

(Title) November 8, 1985

(Date)

OIL CONSERVATION DI

Original Signed by FRANK T. CHAVEZ BY.

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT # 3

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the devictitests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allow able 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.

on - (X)   Gas Well   X	New Well Workover Deepen	Plug Back   Same Resty, Diff, Res		
Date Compil. Fleady to Prod. Total Depth 3120		P.B.T.D. 3048'		
Name of Producing Formation Chacra	Top Oil/Gas Pay 2840'	Tubing Depth 2918'		
		Depth Casing Snoe		
TUBING, CASING, AN	ID CEMENTING RECORD			
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
8 5/8" 24# K-55	307'	354 cu. ft.		
4 1/2" 10.5# K-55	3120'	708 cu. ft.		
FOR ALLOWABLE (Test must be able for this a	fter recovery of total volume of load oil and must be equal to or exceed top all pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)			
1		iji, 41c./		
Tubing Pressure	Casing Pressure	Choke Size		
Tubing Pressure Oil-Bbls.	Casing Pressure Water - Bbls.			
		Choke Size		
	Water - Bbis.  Bbis. Condensate/MMCF	Choke Size		
Oil-Bbls.	Water - Bbls.	Choke Size  Gas-MCF		
	TUBING, CASING, AN  CASING & TUBING SIZE  8 5/8" 24# K-55  4 1/2" 10.5# K-55  2 3/8"  FOR ALLOWABLE (Test must be able for this size must be able for this s	Date Compi. Fleady to Prod.  5-3-85  Name of Producing Formation Chacra  TUBING, CASING, AND CEMENTING RECORD  CASING & TUBING SIZE  BEPTH SET  8 5/8" 24# K-55 307' 4 1/2" 10.5# K-55 3120' 2 3/8"  FOR ALLOWABLE (Test must be after recovery of total volume of load off able for this depth or be for full 24 hours)		