

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

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ST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baca Gas Com A	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter H : 1670 Feet From The North Line and 1175 Feet From The East				
Line of Section 26 Township 29N Range 10W, 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead 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)					
Northwest Pipeline Corporation	P.O. Box 90 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 26	Twp. 29N	Rge. 10W	Is gas actually connected? NO	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.

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.

BDS Shaw

Adm. Supervisor

(Signature)

7-10-85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 13 1985

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 filled 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.	Diff. Res'v.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
4-28-85	6-12-85		4450'			4404'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5534GR	Chacra		2876'			3001'			
Perforations						Depth Casing Shoe			
2876'-2886', 2962'-2984'						4450'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36# K55	969'	915 cu ft
8-3/4"	7", 26# J55	4450'	918 cu ft
	2-3/8"	3001'	

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-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2024	3hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	868 psig	881 psig	75"

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Amoco Production Co.
Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain) _____

If change of ownership give name and address of previous owner _____

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baca Gas Com A</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>H</u> : <u>1670</u> Feet From The <u>North</u> Line and <u>1175</u> Feet From The <u>East</u> Line of Section <u>26</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702 Farmington, NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90 Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>26</u>
	Twp. <u>29N</u>	Rge. <u>10W</u>
	Is gas actually connected? <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.

BDS Shaw

Adm. Supervisor

(Signature)

7-10-85

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(Date)

OIL CONSERVATION DIVISION

AUG 13 1985

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 4-28-85	Date Compl. Ready to Prod. 6-12-85	Total Depth 4450'				P.B.T.D. 4404'			
Elevations (DF, RKB, RT, CR, etc.) 5534'	Name of Producing Formation Meseverde	Top Oil/Gas Pay 3622'				Tubing Depth 4341'			
Perforations 3622'-3628', 3694'-3704', 3780'-3786', 3810'-3828', 3850'-3858', 3864'-3872', 3886'-3904', 4056'-4074', 4180'-4232', 4260'-4270', 4320'-4330'						Depth Casing Shoe 4450'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8", 36# K55		969'		915 cu ft			
8-3/4"		7#, 26#, J55		4450'		918 cu ft			
		2-3/8"		4341'					

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3221	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
back pressure	none	960 psig	.75"