

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
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 08-01-83
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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Coastinghead Gas	<input type="checkbox"/> Condensate

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

RECEIVED
MAR 15 1985

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Abrams Gas Com "M"	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>I</u> : <u>1700</u> Feet From The <u>south</u> Line and <u>1060</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"/>	Address (Give address to which approved copy of 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 Coastinghead 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 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit : <u>I</u> Sec. : <u>26</u> Twp. : <u>29N</u> Rge. : <u>10W</u>	<u>T</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
D.B. Lawson

(Signature)
District Admin. Supervisor

(Title)
3/12/85

(Date)

OIL CONSERVATION DIVISION

3-26-85
APPROVED MAR 26, 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 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 Reelty.	Dist. Re
		X	X					
Date Completed 1/23/85	Date Compl. Ready to Prod. 2/18/85	Total Depth 3150'				P.B.T.D. 3100'		
Losses (DF, RKB, RT, GR, etc.) 5557' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 2874'				Tubing Depth 2985'		
Perforations 2874-2888		2957-2985				Depth Casing Shoe 3150'		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12- $\frac{1}{2}$ "	8- $\frac{5}{8}$ ", 24#	287'	360 cu ft
7- $\frac{7}{8}$ "	4- $\frac{1}{2}$ ", 10.5#	3150'	1152 cu ft
	2- $\frac{3}{8}$ "	2985'	

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)

Time 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 2335	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (prod, back pr.) back pressure	Tubing Pressure (Shut-in) 968 psig	Casing Pressure (Shut-in) 1028 psig	Choke Size .75"