

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE		
FILE		
U.S.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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"/> Recombination	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<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 _____

RECEIVED
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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pollock Gas Com "D"	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>28</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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1702, Farmington, N.M. 87499
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 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>I</u> <u>28</u> <u>29N</u> <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.



Admin. Supervisor

(Title)

3/12/85

(Date)

OIL CONSERVATION DIVISION

4-12-85
APPROVED

APR 12 1985

Original Signed by FRANK T. CHAVEZ

BY

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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.
		X		X					
Date Drilled 2/5/85	Date Compl. Ready to Prod. 2/25/85	Total Depth 3100'		P.B.T.D. 3060'					
Zone (DE, RKB, RT, CR, etc.) 5517' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 2796'		Tubing Depth 2915'					
Perforations 2796-2908							Depth Casing Shoe 3100'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	385 SACKS CEMENT
12- $\frac{1}{4}$ "	8-5/8", 24#	296'	388 cu ft
7-7/8"	4- $\frac{1}{2}$ ", 10.5 #	3100'	924 cu ft
	2-3/8"	2915'	

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

WAS WELL

Actual Prod. Test - MCF/D 1741	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Start-in) 926 psig	Casing Pressure (Start-in) 942 psig	Choke Size .75"