

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

RECEIVED
SEP 19 1985
OIL CON. DIV.
DIST. 3

I. Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name USG Section 18	Well No. 43	Pool Name, including Formation Hogback Penn	Kind of Lease State, Federal or Fee Indian	Lease No. 1-89-IND-58
Location Unit Letter <u>F</u> : <u>1500</u> Feet From The <u>North</u> Line and <u>1760</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>29N</u> Range <u>16W</u> . NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> To be vented	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>16W</u>	Is gas actually connected? <u>No</u> 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
(Signature)
Admin. Supervisor
(Title)
9-19-85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ SEP 19 1985

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.

Cast Iron Bridgeplug set at 6745'
Retrievable Bridgeplug set at 6690'

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Re.
		X		X					
Date Spudded 7-18-85	Date Compl. Ready to Prod. 9-16-85	Total Depth 7283'				P.B.T.D. 7271'			
Elevations (DF, RKB, RT, CR, etc.) 5176' GR	Name of Producing Formation Penn	Top Oil/Gas Pay 6573'				Tubing Depth 6531' No tubing in hole			
Perforations 6573'-6582', 6610'-6616', 6646'-6656', 6700'-6710'						Depth Casing Shoe 7283'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8", 48#, H40	313'	472 cf
12-1/4"	9-5/8", 36#, K55	2260'	1984 cf
8-3/4"	7", 23#, 26#, K55	7282'	1321 cf

2 1/8" Flowing through 7" casing 6531'

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 9-16-85	Date of Test 9-17-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure No tubing in hole	Casing Pressure 760 psig	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 448	Water - Bbls. 0	Gas - MCF 2913

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
32/64, back prod.	24 hours	Casing Pressure (Shut-in)	Choke Size