

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-------------------------------------|
| Operator Amoco Production Company | | Well API No. 30-045-27591 |
| Address P.O. Box 800, Denver, CO 80201 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|----------------------|---|---|--------------------------------|
| Lease Name Moore Gas Com | Well No. 1 | Pool Name, Including Formation Basin Fruitland Coal GaS | Kind of Lease State Federal XXXX | Lease No. SF-078580A |
| Location | | | | |
| Unit Letter K | 1550 | Fees From The South | Line and 1690 | Fees From The West |
| Section 9 | Township 30N | Range 8W | , 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) | |
| El Paso Natural Gas Co. | P.O. Box 4990, Farmington, NM 87499 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? No | |
| | When ? | |

If this production is commingled with that from any other lease or pool, give commingling order number:

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 2/8/90 | Date Compl. Ready to Prod. 3/29/90 | | Total Depth 2688 | | P.B.T.D. Surface 288 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5863' GR | Name of Producing Formation Fruitland Coal | | Top Oil/Gas Pay 2410' | | Tubing Depth 2429' | | | |
| Perforations Open hole completion, no perfs or fracs 2410 - 2688 | | | | Depth Casing Shoe | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" | | 278' | | 210 SX Class B | | | |
| 8-3/4" | 7" | | 2410 | | 405 SX 65/35 poz | | | |
| | 2-3/8" | | 2429 | | 100 SX C1 G tail | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | RECEIVED | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | | OCT 22 1990 | |

OIL CON. DIV.

GAS WELL

| | | | |
|--|---|---|--------------------------|
| Actual Prod. Test - MCF/D 830 | Length of Test 8.5 | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 382 | Casing Pressure (Shut-in) 640 | Choke Size .50 |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature **D. W. Whaley**
Printed Name **D. W. Whaley** Staff Admin. Supervisor
Date **10/18/90** Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

Date Approved **OCT 23 1990**
By **Superintendent**
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.