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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Water Pool 2815635

Operator AMOCO PRODUCTION COMPANY		Attention: Scott Sullivan	Well API No. 3004524501
Address P.O. Box 800, Denver		Co 80201	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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 FIELDS	Well No. #3 4R	Pool Name, Including Formation Mesaverde	Kind of Lease State, Federal or Fee	Lease No. NM-010989
Location Unit Letter A 1270' Feet From The North Line and 1270' Feet From The EAST Line Section 28 Township 32 N Range 11 W ,NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil 2815633	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3535 30th Street, Farmington NM 87401
Name of Authorized Transporter of Casinghead Gas EL Paso Natural Gas 2815634	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 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? 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
Date Spudded 11-15-80	Date Compl. Ready to Prod. 03-29-93	Total Depth 7766'	P.B.T.D. 07730					
Elevations (DF, RKB, RT, GR, etc.) 6339' GR	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4574'	Tubing Depth 5383'					
Perforations 4274' - 5645'	Depth Casing Shoe 0							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	264'	250sx CI B W/2% CACI					
8 3/4"	7"	3598'	510sx Howco lite, 150 sx CI B					
	2 3/8"	5393'	250sx Howco Lite,					
4 1/4"	4 1/2"	7766'	150 sx CI B					

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 30

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APR 2 1993

GAS WELL

Actual Prod. Test - MCF/D	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 220	Casing Pressure (Shut-in) 460	Choke Size 1/4"

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

Signature  
Scott Sullivan  
Printed Name  
4-1-93  
Date  
Business Analyst  
(303) 830-4756  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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
- 4) changes.