

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	

CORRECTED COPY

I. Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mt. Ute Gas Com "A"	Well No. 1	Pool Name, Including Formation Ute Dome Paradox	Kind of Lease State, Federal or Fee Federal I-22-IMD-619	Lease No.
Location Unit Letter G ; 2270 Feet From The North Line and 1700 Feet From The East Line of Section 3 Township 31 North Range 14 West , 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 Company	P. O. Box 990, Farmington, New Mexico 87401	
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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 5-4-71	Date Compl. Ready to Prod. 7-6-71	Total Depth 8465'		P.B.T.D. 8429'				
Elevations (DF, RKB, RT, GR, etc.) GL 6038', RKB 6052'	Name of Producing Formation Paradox	Top Oil/Gas Pay 8274'		Tubing Depth 8379'				
Perforations 7618-39 w/2 SPF, 7783-7833 w/1 SPF, 8274-88 w/2 SPF				Depth Casing Shoe 8465'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4"		600'		450			
7-7/8"	5-1/2"		8465'		1150			
	2-7/8"		8379'					

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 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-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 4128 (AOP 4681)	Length of Test 3 hrs.	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1690	Casing Pressure (shut-in) 1113	Choke Size 0.750"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY
D. A. WAYHAN

(Signature)

Area Engineer

(Title)

August 25, 1971

(Date)

OIL CONSERVATION COMMISSION

AUG 26 1971

APPROVED _____, 19 _____

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR 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.