

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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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS / |
| OPERATOR | / |
| PRORATION OFFICE | |

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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Ute Mountain Tribal "D" | 3 | Ute Dome Dakota | State, Federal or Fee Federal | 14-20-604-79 |
| Location Unit Letter F ; 1530 Feet From The North Line and 1980 Feet From The West Line of Section 10 Township 31-N Range 14-W , 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 |
| | | | | | No | |

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 9-17-71 | Date Compl. Ready to Prod. 12-2-71 | Total Depth 3125' | | P.B.T.D. 3049' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GL 6371', KB 6382' | Name of Producing Formation Dakota | | Top Oil/Gas Pay 2810' | | Tubing Depth 3002' | | | | |
| Perforations 2920-2950' & 2992-2996' x 2 SPF, 3008-3010' x 3 SPF | | Depth Casing Shoe 3093' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 11" | 8-5/8" | | 345' | | 200 | | | | |
| 7-7/8" | 5-1/2" | | 3093' | | 500 | | | | |
| | 2-3/8" | | 3002' | | | | | | |

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 - MCF |

GAS WELL

| | | | |
|--|---|---|-----------------------------------|
| Actual Prod. Test-MCF/D 4913 (AOF 12,454) | Length of Test 3 hrs. | Bbls. Condensate/MMCF - | Gravity of Condensate - |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (shut-in) 792 | Casing Pressure (shut-in) 797 | 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
J. ARNOLD SNELL

(Signature)

Area Engineer

(Title)

January 19, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 21 1973**, 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.