| NO. OF COPIES RECEIVED  | <u>*</u> ]  |  |   |  |
|---|---|--|---|--|
| DISTRIBUTION  | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 |  |   |  |
| SANTA FE /  | <b>1</b>  | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE           |   |  |
| FILE / L  | \\ CGOEST !                                       | Effective 1-1-65   |   |  |
| U.S.G.S.  | AUTHORIZATION TO TRA                              | NSPORT OIL AND NATURAL   | L GAS   |  |
| LAND OFFICE   |   |  |   |  |
| TRANSPORTER OIL   |   |  |   |  |
| GAS /   |   |  |   |  |
| OPERATOR 2  | .4  |  |   |  |
| PRORATION OFFICE  |   |  |   |  |
| AMOCO PRODUCTI  | ON COMPANY  |  |   |  |
| Address   |   | 07401  |   |  |
|   | rive, Farmington, New Mex                         | 1co 87401 Other (Please explain)                                       |   |  |
| Reason(s) for filing (Check proper tox New Well   | Change in Transporter of:                         | Omer (: rease explain)   |   |  |
| Recompletion  | Oil Dry Gas                                       | 5  |   |  |
| Change in Ownership   | Casinghead Gas Condens                            | sate   |   |  |
|   |   |  |   |  |
| If charge of ownership give name and address of previous owner  |   |  |   |  |
| I. DESCRIPTION OF WELL AND  | LEASE   | ormation Kind of L   | ease Lease No.                                |  |
| Lease Name  | Well No. Pool Name, Including Fo                  | State Fe   |   |  |
| Valentine Gas Com   | lA Blanco Mesav                                   | erde   | deral of Fee State E-33/U                     |  |
| Location 70   | Feet From The West Line                           | e and 1180 Feet Fr   | om The North                                  |  |
| Unit Letter D : 79  | Feet From The                                     |  |   |  |
| Line of Section 32To  | wnship 32-N Range                                 | 9-W , NMPM,  | San Juan County                               |  |
|   |   | _  |   |  |
| II. DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GA                         | S<br>Address (Give address to which a)                                 | oproved copy of this form is to be sent)      |  |
| •   |   | P. O. Box 108, Farmi   | ington, New Mexico 87401                      |  |
| Plateau, Inc. Name of Authorized Transporter of Ca  | ssinghead Gas or Dry Gas                          | Address (Give address to which a                                       | oproved copy of this form is to be sent)      |  |
| El Paso Natural Gas C   |   | P. O. Box 990, Farm  | ington, New Mexico 87401                      |  |
| If well produces oil or liquids,  | Unit Sec. Twp. Rge.                               | Is gas actually connected?   | When  |  |
| give location of tanks.   | D 32 32N 9W                                       | No   | <br>  |  |
| If this production is commingled w  | ith that from any other lease or pool,            | give commingling order number:   |   |  |
| V. COMPLETION DATA  | Cil Well Gas Well                                 | New Well Workover Deeper   | Plug Back   Same Resty. Diff. Rest            |  |
| Designate Type of Completi  | C11 11 C11  | <b>X</b>   |   |  |
| Date Spudded  | Date Compl. Ready to Prod.                        | Total Depth  | P.B.T.D.                                      |  |
| 12-12-75  | 1-20-76   | 5381'  | 53461   |  |
| Elevations (DF, RKB, RT, GR, etc.,  |   | Top Cil/Gas Pay  | Tubing Depth                                  |  |
| 6104' GL. 6117' KB  | Mesaverde   | 4736   | 5263'   |  |
| Perforations 4736-60 4766-  | 90, 4800-10, 4826-34, 484                         | 42-52, 4858-66, 4936-  | 52, Depth Casing Shoe 1 SPF 5381              |  |
| 4969-74, 4986-5028, 50  | 40-60, 5066-92, <u>5122-42</u> ,                  | 5208-28, 5240-76 x   | 1 SFR 3301                                    |  |
|   | CASING & TUBING SIZE                              | DEPTH SET  | SACKS CEMENT                                  |  |
| HOLE SIZE   | 9-5/8"  | 374'   | 300   |  |
| 13-3/8"   | 7"  | 32561  | 650   |  |
| 8-3/4"<br>6-1/4"  | 4-1/2"  | 3036' - 5381'  | 330   |  |
|   | 2-3/8"  | 52631  |   |  |
| V. TEST DATA AND REQUEST E  | FOR ALLOWABLE (Test must be a                     | fter recovery of total volume of load<br>epth or be for full 24 hours) | i oil and must be equal to or exceed top allo |  |
| OH. WELL Date First New Cil Run To Tanks  | Date of Test                                      | Producing Method (Flow, pump, g  |   |  |
|   |   |  | Choke Size                                    |  |
| Length of Test  | Tubing Pressure                                   | Casing Pressure  |   |  |
|   |   | Water - Bbls.  | Gas-MCF                                       |  |
| Actual Prod. During Test  | Cil-Bbls.   | ridia - Daier  | No. of the second second                      |  |
|   |   |  |   |  |
| GAS WELL  |   |  | Complete of Condensate                        |  |
| Actual Prod. Test-MCF/D   | Length of Test                                    | Bbls. Condensate/MMCF  | Gravity of Condensate                         |  |
| 3856  | 3 hr.   | Casing Fressure (Shut-in)  | Choke Size                                    |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                         |  | .75   |  |
| Pitot   | 751 psiz  | 751 psig   | RVATION COMMISSION                            |  |
| VI. CERTIFICATE OF COMPLIA  | NCE   |  |   |  |
|   | to the Cit Companyation                           | APPROVED JAN 2 1   |   |  |
| I hereb; certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given |   | 0.2 *****  | - intok                                       |  |
| above is true and complete to the   | he best of my knowledge and belief.               | 0  |   |  |
| 7   |   | TITLE #000   |   |  |
| "   |   | 10   |   |  |

(Signature)

Area Adm. Supvr.

January 28, 1976
(Date)

| APPRO | VED JAN 2 5 15 | ^r | , 19      |  |
|-------|----------------|----|-----------|--|
|       | Original       |    | Motor man |  |
|       |                |    |           |  |

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.