

DISTRIBUTION		6
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		

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-1,  
Effective 1-1-63

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <u>CORRECTED REPORT</u>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Valentine Gas Com	Well No. 1A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. E-3370
Location				
Unit Letter D	795	Feet From The West	Line and 1180	Feet From The North
Line of Section 32	Township 32-N	Range 10-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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	P. O. Box 108, Farmington, New Mexico 87401	
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 D	Sec. 32
	Twp. 32N	Pge. 9W
	Is gas actually connected? When No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 12-12-75	Date Compl. Ready to Prod. 1-20-76	Total Depth 5381'	P.B.T.D. 5346'					
Elevations (DF, RKB, RT, GR, etc.) 6104' GL, 6117' KB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4736'	Tubing Depth 5263'					
Perforations 4736-60, 4766-90, 4800-10, 4826-34, 4842-52, 4858-66, 4936-52, 4969-74, 4986-5028, 5040-60, 5066-92, 5122-42, 5208-28, 5240-76' x 1 SPF		Depth Casing Shoe 5381'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13-3/8"	9-5/8"	374'		300				
8-3/4"	7"	3256'		650				
6-1/4"	4-1/2"	3036' - 5381'		330				
	2-3/8"	5263'						

VI. 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 3856	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 751 psig	Casing Pressure (Shut-in) 751 psig	Choke Size .75

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.

GL Hamilton  
(Signature)  
Area Adm. Supvr.  
(Title)  
1-30-76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 2, 19 1976  
BY Original  
TITLE STRICTLY

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