

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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-110
Effective 1-1-65

I.

Operator AMOCO PRODUCTION COMPANY		
Address 301 Airport Drive, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canale Gas Com	Well No. 1A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. BF 078134
Location				
Unit Letter I	1775	Feet From The South Line and 1075	Feet From The East	
Line of Section 18	Township 31N	Range 10W	, 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	Sec.	Twp.	Rge.
				Is gas actually connected? No
				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 9-24-76	Date Compl. Ready to Prod. 10-15-76	Total Depth 5200'		P.B.T.D. 5100'				
Elevations (DF, RKB, RT, GR, etc.) 5928' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4199'		Tubing Depth 4951'				
Perforations 4199, 4248, 4284, 4296, 4306, 4373, 4377, 4381, 4385, 4389, 4393, 4397, 4401, 4403, 4409, 4434, 4442, 4444, 4456, 4460, 4498, 4502		Depth Casing Shoe 5195'						
(over)								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" csg.		266'		280			
8-3/4"	7" csg.		2875'		600			
6-1/4"	4-1/2" liner		2655-5195'		265			
	2-3/8" tbg.		4951'					

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 3200	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 716	Casing Pressure (shut-in) 751	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.

E. L. Proberta
(Signature)
Area Adm. Supvr.
(Title)
October 18, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 19 1976, 19
BY Original Signed by A. R. Kendrick
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.

Perforations Continued:

4542, 4559, 4563, 4567, 4595, 4610, 4622, 4626, 4632, 4635, 4645, 4665, 4669, 4673,
4677, 4681, 4729, 4732, 4735, 4760, 4763, 4799, 4806, 4810, 4814, 4821, 4824, 4845,
4847, 4885, 4889, 4893, 4897, 4901, 4905, 4909, 4913, 4917, 4923, 4925, 4946, 4950,
4954, 4957, 4971, 4974, 4978, 4982, 4994, x 1 shot.