

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schneider Gas Com	Well No. 1A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 1460 Feet From The North Line and 810 Feet From The West Line of Section 28 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) 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) P. O. Box 990, Farmington, New Mexico					
El Paso Natural Gas Company	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	E	28	32-N	10-W	No	Approximately 60 days

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 5/6/77	Date Compl. Ready to Prod. 6/2/77	Total Depth 5525		P.B.T.D. 5477				
Elevations (D.F., RKB, RT, GR, etc.) 6138' GI	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4510		Tubing Depth 5375				
Perforations 4900-03, 4928-30, 4938-46, 4963-74, 4981-93, 5000-13, 5028-53, 5062-72, 5104-12, 5140-68, 5174-78, 5200-08, 5234-37, 5253-56, 5280-88, 5304-12	TUBING, CASING, AND CEMENTING RECORD 5322-49, and 5355-57		Depth Casing Shoe 5514					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		270'		280 sx			
8-3/4"	7"		3349'		685 sx			
6-1/4"	4-1/2"		3159-5514		280 sx			

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)

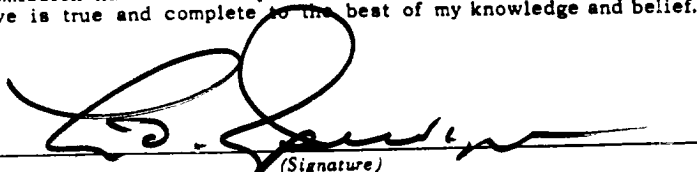
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 4332	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (shut-in) 631	Casing Pressure (shut-in) 673	Choke Size

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.


(Signature)

Area Supt.
(Title)

June 8, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 1 1977**, 19

BY **Original Signed by A. R. Kendrick**

TITLE **SUPERVISOR DIST. 40**

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.

Supersedes Form C-104 must be filed for each well in multiple