Porm 0-104 Revised 10-1-78

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

	FILE					
	REQUEST FOR ALLOWABLE					
	THANSPORTER GAS AND					
I.	OPERATOR PROBATION OFFICE	AUTHORIZATION TO TRANS	SPORT OIL AND NATUR	AL GAS		EN
	Amoco Production Compan	ıv				
	Address			B ATL SILV		
	501 Airport Drive, Farmington, NM 87401					
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please	explain)	OIF C	
	Recompletion	CII Dry G	os 🗍			
	Change in Ownership	Casinghead Gas Conde	nsate 🔲			
	If change of ownership give name and address of previous owner					
11	DESCRIPTION OF WELL AND	1.FASF				
	Lease Name	Well No. Pool Name, Including F	<i>(1/2 /)</i>	Kind of Lease		Lease No.
	Ealum Gas Com "C"	l Júdesignat ed	Fruitland	State, Federal	orFee Federal	SF078604A
	Location G 164	Feet From The north Lin	1615		east	
	Line of Section 33 Tox	wnship 32N Range	10W , NMPM,	San J	uan	County
FY	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS.			
11.	Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					o be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which app				and some of this form is to be sent!	
		Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401				
	El Paso Natural Gas Con	Unit Sec. Twp. Rge.	Is gas actually connected			
	give location of tanks.	1 1 1	No	<u> </u>	en Fruitland ge	
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completic		Mem Mell Motroset	l I I	i I Same Hes	i Diff. Res.v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	11-25-82	12-23-82	2805'			
	Elevations (DF, RKB, RT, GR, etc.) 5995 GL	Name of Producing Formation Fruitland	Top Oll/Gas Pay 2520'		Tubing Depth 2669	
	Paricrotions		1 2320		Depth Casing Shoe	
	Completed open hole. 2769-2805				2769'	
		TUBING, CASING, AND	DEPTH SET		SACKS CEM	FNT
	HOLE SIZE 17-1/2"	13-3/8" 61# K-55	274'		443 sx Class	
	10-5/8"	7" 23# K-55	2769'		1198 sx Class	
į	13''	O pen Hol e	2805			
		2-7/8"	2669'		<u> </u>	
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volumi opth or be for full 24 hours)	i of load oil a	nd must be equal to or e	zceec top allow-
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
		7.14	Casing Pressure		Choke Size	
	Length of Test	Tubing Pressure	1 -			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gat - MOF	
			1	*****		

	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	203	3 hrs.				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 204 psig	Casing Pressure (Shut-i 896 psig	n)	Choke Size	
L	Flowing	<u> </u>	 	NISERVATI	ON DIVISION	
1.	CERTIFICATE OF COMPLIANC	, E	10-84	MAY	1 100/1	
3	hereby certify that the rules and re	egulations of the Oil Conservation	5-10-84 APPROVED		1 0 1004	19
1	Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signad by FRANK T. CHAYEZ			
•			TITLE SUPERVISOR DISTRICT # 3			
			THE			
	(Signature)		Troble le e reque	at for allows	ble for a newly drille	d or despensed
-	(Signa	twe)	well, this form must be tests taken on the we	ne accompan	ied by a tabulation of	the deviation
	District Administrativ		11		t be filled out comple	

(Title)

4-13-83 (Date) All sections of this form must be able 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.