

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company		<div style="text-align: center;"> RECEIVED JUL 16 1984 OIL CON. DIV. DIST. 3 </div>
Address 501 Airport Drive, Farmington, NM 87401		
Reason(s) for filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schneider Gas Com "C"	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>32N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28
	Twp. 32N	Rge. 10W
	Is gas actually connected? No	
	When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Original Signed By
B. D. Shaw

(Signature)

Administrative Supervisor

(Title)

June 29, 1984

(Date)

OIL CONSERVATION DIVISION

JUL 16 1984

APPROVED _____

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE _____

SUPERVISOR DISTRICT # 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			X	X					
Date Spudded 4-2-84	Date Compl. Ready to Prod. 5-31-84	Total Depth 7630'		P.B.T.D. 7528'					
Elevations (DF, RKB, RT, CR, etc.) 6058' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7394'		Tubing Depth 7522'					
Perforations * See below							Depth Casing Shoe 7571'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14-3/4"	11-3/4" 42#		345'		420 cu. ft.				
10-3/4"	8-5/8" 24# & 28#		3271'		965 cu. ft.				
7-7/8"	4-1/2" 11.6#		7571'		965 cu. ft. 413				
	2-3/8"		7522'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test 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 1510	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (press, back pr.) back pressure	Tubing Pressure (Shut-In) 2815 psig	Casing Pressure (Shut-In) 2815 psig	Choke Size .75

* ~~7395'~~, 7412'-7394', 7434'-7430', 7446'-7440', 7465'-7460', 7492'-7486', 7560'-7524'