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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-------------------------------------|
| Operator Amoco Production Co. | | Well API No. 30-045-27789 |
| Address P. O. Box 800, Denver, CO 80201 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|------------------------------|
| Lease Name Barnes Gas Com D | Well No. 1 | Pool Name, Including Formation Basin Fruitland Coal Gas | Kind of Lease State Federal xxxx | Lease No. SF078039 |
| Location Unit Letter A : 1070 Feet From The East Line and 990' Feet From The North Line Section 24 Township 32N Range 11W , 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 type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| 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 4990, Farmington, NM 87499 | | | | | |
| 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 |
| | | X | X | | | | | |
| Date Spudded 5/23/90 | Date Compl. Ready to Prod. 7/28/90 | | Total Depth 3140' | | P.B.T.D. 3085' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6191' GR | Name of Producing Formation Fruitland Coal | | Top Oil/Gas Pay 2642' | | Tubing Depth 2802' | | | |
| Perforations 2642'-2644', 2678'-2682', 2715'-2720', 2745'-2755', 2811'-2832', 2907'-2918', 2926-2931' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 278' 243 | | 250 SX Class B | | | |
| 7-7/8" | 5-1/2" | | 3131' | | 430 SX C1 G (1st Stage) | | | |
| | 2-5/8" 2 3/8 | | 2802' | | 510 SX C1 G (2nd Stage) | | | |

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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Choke Size | |
| Actual Prod. During Test | Oil - Bbls. | Gas - MCF | |
| | | OCT 22 1990 | |

GAS WELL

| | | | |
|--|--|---|----------------------------|
| Actual Prod. Test - MCF/D 156 | Length of Test 24 | Bbls. Condensate/MCF DIST. 3 | Gravity of Condensate |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 90 | Casing Pressure (Shut-in) 380 | Choke Size 24/64 |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature *D. W. Whaley*
Printed Name **D. W. Whaley, Staff Admin. Supervisor**
Date *10/18/90* Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

OCT 23 1990

Date Approved _____
By *Brian J. [Signature]*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.