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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator AMOCO PRODUCTION COMPANY		Attention: Scott Sullivan	Well API No. 3004528853
Address P.O. Box 800		Denver	Co 80201
Reason(s) for Filing (Check proper box) 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 FIELDS A	Well No. 21R	Pool Name, Including Formation Fruitland Coal Gas	Kind of Lease State, Federal or Fee	Lease No. NM010989
Location Unit Letter C 820' Feet From The North Line and 1820 Feet From The East Line Section 25 Township 32 N Range 11 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 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)	
AMOCO PRODUCTION CO		P.O. BOX 800, DENVER, CO 80201
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? 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
Date Spudded 12-06-92	Date Compl. Ready to Prod. 01-29-93	Total Depth 3073		P.B.T.D. 3073'				
Elevations (DF,RKB,RT,GR,etc.) 6286' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2827		Tubing Depth 2882			
Perforations OH 2827-3073 This is an open hole completion. There are no perfs.					Depth Casing Shoe 2827			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.250	9.625 2.375"		274.58' 2882'		Surface 100sx CI B I			
8.750	7"		2827'		Surface 250 sx HLC C			
					tail W/200sx CI B Pr			

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.) Flowing	
Length of Test	Tubing Pressure 0	Casing Pressure 0	Choke Size MAR 8 1993
Actual Prod. During Test 0	Oil - Bbls. 0	Water - Bbls. 0	Gas - MCF OIL CON. DIV. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 582 mcf/d	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 00000.00
Testing Method (pitot, back pr.) FLOWING	Tubing Pressure (Shut-in) 280	Casing Pressure (Shut-in) 300	Choke Size 1/2"

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

Signature
Scott Sullivan
Printed Name
ADMIN. ANALYST
Title
3-3-93 (303) 830-4756
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 10 1993

By [Signature]
SUPERVISOR DISTRICT #3
Title

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
- 4) changes.