Submit 5 Copies
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 III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	TO .	TRANSPORT OF	L AND NA	TURAL GAS					
Operator				Well AP	Well API No.				
Amoco Production Company					Ш	3004528953			
Address									
P.O. Box 800 Den	ver C	Colorado	80201	80201					
Reason(s) for Filing (Check proper box	x)	•	Other	: (Please explain,)				
New Well		n Transporter of:							
Recompletion	Oil	Dry Gas						ļ	
Change in Operator	Casinghead Gas	_ Condensate							
f change of operator give name nd address of previous operator									
II. DESCRIPTION OF WELI	L AND LEASE					*		- NI-	
Lease Name	Well No Pool Name Including				State, F	State. Federal or Fee		se No.	
Martinez Gas Com J	Martinez Gas Com J #1 Basin Dakota						SF-07	8604-A	
Location									
Unit Letter K	Unit Letter K 1760 Feet From The South Line and 1720 Feet From The West								
Olik Lemet					Carr Ivan				
Section 32 Towns	hip 32N	Range 10W	/ ,NMI	PM,		San Juan		County	
		OFF LAND MARKET	TAT CAS						
III. DESIGNATION OF TRA			RAL GAS	address to which	h annoyed	come of this f	orm is to he se	ent)	
Name of Authorized Transporter of Oi	or Condens	sate	Address (Give	adaress to which	n approveu	copy of una je	m is to be se	""··	
			A 11 (Cive	address to which	h approved	com of this fo	orm is to be se	ent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990 Farmington, NM 87499									
El Paso Natural Gas	<u> </u>	<u> </u>							
I went produces on or inquites,			Is gas actually connected? When?						
give location of tanks.			<u> </u>						
If this production is commingled with	that from any other lea	se or pool, give comm	ingling order n	umber:					
IV. COMPLETION DATA	<u>287</u>		1	NV. t	Dagge	Plug Back	Same Res'v	Diff Rea'v	
	Oil W	Vell Gas Well	New Well	Workover	Deepen	Flug Dack	Samo Ros v		
Designate Type of Completic		X	×	<u> </u>		P.B.T.D.			
Date Spudded	Date Compl. Read	•	Total Depth	7640'		P.B.1.D.	7550'		
10-29-93	4-19-			7640'		Tubing Depth		1/4	
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing	•	Top Oil/Gas I			3/o	• 7477' •	14-7500	
6088' GL	Basin	Dakota		7302'		Depth Casing		1 1200	
Perforations 730	7516' Dak	ota				Depui Casing	, 51100		
				NIG DECOR					
	TUBIN	G, CASING ANI	CEMENT	NG RECOK	<u> </u>		ACKS CEME	ENT	
HOLE SIZE		TUBING SIZE	DEPTH SET			780SX CLB			
17-1/2*		13.376"				1st STG 250SX CLG, 2nd STG 830 SX			
12.26*	9.625*	9.825*				HOWCO LITE, TAIL W/ 100SX CLB			
	7*		7185'			600SX CLB			
8.76*		/**Cont	inued on	back.)					
V. TEST DATA AND REQU	EST FOR ALLO	WARLE		. **	owable for i	this depth or b	e latina 24t	wah arese	
OIL WELL (Test must be after	er recovery of total volume	ume oj ioaa ou ana mi	P P P	that Flow, pur	np, gas lift,	esc.)		31 W [2]	
Date First New Oil Run To Tank	Date of Year	- ANEL	BFNI	IHL		wina		- 0 5	
	Tubing Pressure		easing Press	ure	-	Choke Sac	MAY -	- 2 1994	
Length of Test	Tubing Tressure	UV'''							
	Oil - Bbls.		Water - Bbls			Gas - M	70	DUA	
Actual Prod. During Test	On - Bois.								
						<u> </u>	UD	ીં. શ	
GAS WELL						Gravity of C	Condensate		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder			Glavity of C	Juliaciisato		
451		24	 	0 (01 1 1		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Casing Press	ure (Shut-in)		CHOIC SIZE	.25"		
Flowing		280	_	400		<u> </u>			
VI. OPERATOR CERTIFIC	CATE OF COMPI	LIANCE			0 E D \ /	A TION!	חוייו וויי	201	
I hereby certify that the rules a	and regulations of the	e Oil		OIL CON	SERV	AHUN	חומוטות	אוע	
Concernation Division have been complied with and that the				MAY 0 2 1994					
information given above is true	e and complete to th	e best of my	Date	e Approve	ed		MAI U	4 1774	
λ	1								
Nallas Kalahar ORIGINAL SIGNED BY ERNIE B							(IE BOSCH		
Signature Delles Kalaher	∥ By_								
Dallas Kalahar Business Analyst Title				Title DEPUTY OIL & GAS INSPECTOR, DIST. #3					
Printed Name 04/01/1994 (303)830-5129)	WIT UIL	יייייייייייייייייייייייייייייייייייייי	LCION, DIS	· 7	
Date	7	elephone No.							
Daw									

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

1444

Debth Set

2.375" tubing

6927'(top) 7640' (bot) 60 sx CL G

гаска сешепт

4 1/2" Liner

Sasing & TBG Size

ezis eloH