

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator
AMOCO PRODUCTION COMPANY

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute Indians "A"	Well No. 10	Pool Name, Including Formation Ute Dome Paradox	Kind of Lease Indian	Lease No. I-22-IND-619
Location Unit Letter J ; 1760 Feet From The South Line and 1820 Feet From The East				
Line of Section 36 Township 32N Range 14W , 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 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 36 32N 14W No Approximately 90 days

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/23/77	Date Compl. Ready to Prod. 2/25/78		Total Depth 8555'		P.B.T.D. 8513'			
Elevations (DF, RKB, RT, GR, etc.) 6198' GL, 6211' KB	Name of Producing Formation Paradox		Top Oil/Gas Pay 7567'		Tubing Depth 8454'			
Perforations 7567-73, 7594-97, 7632-36, 7650-56, 7705-18, 7731-37, 7833-42, 7892-7900, 7927-32, 7974-76, 7980-82, 7791-95, 7997-8000, 8004-8008, 8182-92, 8802-06, (over)						Depth Casing Shoe 8546'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		608'		500 SX			
7-7/8"	5-1/2"		7870'		650 SX			
7-7/8"	4"		7418-8546'		340 SX			

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 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 2005	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 868	Casing Pressure (shut-in) Packer set - 7347'	Choke Size .75

VI. CERTIFICATE OF COMPLIANCE

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

Original Signed by
R. L. HIATT

(Signature)

Administrative Supervisor

(Title)

3/23/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Original Signed by A. R. Kendrick**

TITLE **SUPERVISOR DIST. #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.

Supersedes Form C-104 must be filed for each well to maintain

Perforations cont'd: 8216-30, 8244-48, 8252-56, 8261-64, 8290-94, 8302-06, 8329-36, 8346-50, 8367-75, 8378-80, 8386-88, 8394-98, 8406-08, 8412-14, 8422-27, 8445-50, 8464-69, 8474-80