

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

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-1,
Effective 1-1-65

I. Operator
Amoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Revised C-104 to show corrected tubing size and depth.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stanolind Gas Com "C"	Well No. 1	Pool Name, Including Formation Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 019414
Location Unit Letter J ; 1820 Feet From The South Line and 1590 Feet From The East Line of Section 17 Township 32N Range 12W , 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Plateau Incorporated P. O. Box 26251, Albuquerque, NM 87125					
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 J	Sec. 17	Twp. 32N	Rge. 12W	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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-20-79	Date Compl. Ready to Prod. 2-13-81		Total Depth 6915'		P.B.T.D. 5779'			
Elevations (DF, RKB, RT, GR, etc.) 6023' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5314'		Tubing Depth 4167'			
Perforations 5314-5330, 5346-5370, 5376-5395, 5400-5408, 5488-5517, 5523-5526, 5560-5564, 5567-5588					Depth Casing Shoe 6915'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		339'		300-SX			
8 3/4"	7"		6915'		1205-SX			
	2 3/8"		5606'					

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 192	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930 psig	Casing Pressure (Shut-in) ---psig	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
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

May 28, 1981

(Date)

OIL CONSERVATION COMMISSION

JUN 11 1981

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

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.

Supersedes Form C-104 must be filed for each well in multiple