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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

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

DISTRICT III IXXX Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		TO TRA	NSP(ORT OIL	AND NA	TURAL GA	45						
Operator AMOCO PRODUCTION COMPANY						Well Al				1			
Address						30-045-28618							
P.O. BOX 800, DENVER, O	COLORAI	0 8020	1										
Reason(s) for Filing (Check proper box)	•				Oth	es (Please explo	oin)						
cw Well XX Change in Transporter of:											Ì		
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate										1			
change of operator give name		رع ده د								·			
ad address of previous operator			·			· · · · · · · · · · · · · · · · · · ·	•						
I. DESCRIPTION OF WELL A	AND LE	ASE Well No.	[b. 131						· · · · · · · · · · · · · · · ·				
DALSANT A	1 1				•				Lesse	1	are No.		
Location	······································	1	DAS	IN FRUI	TLAND COAL GAS FEI			<u>;D</u>	SF-078147				
Unit LetterB	980' Fed From The				N Line and 1690' Fee			Foct	From The	Ė	Line		
Section 24 Township					,NMPM, SAN JUAN								
Section (Ownship	,		Range	1211	N	мрм,	DAN U	UAN	· · · · · · · · · · · · · · · · · · ·		County		
III. DESIGNATION OF TRAN	SPORTE			D NATU						· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil or Condensate XX						Addicts (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Caring	P.O. BOX 4990, FARMINGTON, NM 87499 Address (Give address to which approved copy of this form is to be sent)												
,			or Diy		101					w pt 16			
If well produces oil or liquids, give location of tanks.	Unit					Is gas actually connected? When ?							
I this production is commingled with that I	tiom any ot	her lease or	pool, gi	ve comming!	ing order num	iber:							
IV. COMPLETION DATA		- (a)						,-					
Designate Type of Completion	- (X)	Oil Wel	ï	Gas Well	ì	Workover	Deepe	:0	Plug Back	Same Res'v	Diff Resy		
Date Spudded		ipl. Ready i		XXX	XXX Total Depth	1	٠	∤	P.B.T.D.	l	. J		
11/12/91	Date Compl. Ready to Prod. 2/5/92				3265'				3198'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil Gas Pay				Tubing Depth				
6631' GR						2921.				3108'			
1'enformions 3/66 3010' - 3103' FRUITLE	AND CO	N T							Depth Casin	y Slice			
3103 11011111			CASI	NC AND	CEMENIT	INC BECOI	n t >				•		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT					
12 1/4"		8 5/8"			270 7 kC				200 SX CL B				
7 7/8"	5 1/2"				3241'			45 SX 65/35 POZ					
	2 3/8"				3108'			2300 SX CL B STAGE 1					
V TECT BATE AND BEGUE	l FOR				475 65,	/35 POZ,	60 SX	CL	B STAC	E			
V. TEST DATA AND REQUES OIL WELL Test must be after t				•		•							
Date First New Oil Run To Tank Dute of Test						be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, pump, gas lift, etc.)							
	Date of 1	CX							mecenaen				
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Chipke Size				
									Gar-MCF 6 1992				
Actual Prod. During Test	Oil - libi	Dil - lible.				Water - Bblt			Gar- MCF	~^h!			
GAS WELL	<u> </u>								UL	CON.	DIA 0		
Actual Frod Test - MCI/D	Lenvih	Leagth of Test				Huls Condensate/MMCI			Clavity of Condensate				
215	24			-0-				-0-					
l'esting Method (pitot, bock pr.)	Tubing Pressure (Shut-in)			Caring Pressure (Shul-in)				Cioke Size					
FLOWING	120			280				12/64					
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation											ON		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						te Approv		Z. Janes	- A A F	1000			
is also wisepick to the seat of all knowledge and belief.						te Approv	'ed	E.A.	. ik W W	*	_		
I Index Runton LAn											ე		
Signature Cynthia Burton, Staff Admin, Supervisor						By ORIGINAL SIGNED BY ERNIE BUSCH							
Cynthia Burton, Staff Admin. Supervisor					-	e DEPUTY	01 1 G	14 IF	IGBECTUD	DIST #3			
303-830-5119						9	~it a 0/	II					
Date		Ť	stophone:	No.									
the specific terms of the second part of the second	200	2007 10 10 10 10 10 10 10 10 10 10 10 10 10		The sections	and the second section of		THE PERSON	red or		77 P. C.			

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