

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 04 1984
OIL CON. DIV.
DIST. 3

I. Operator
Amoco Production Co.

Address
501 Airport Dr., Farmington, N M 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Condensate
☐ Dry Gas
☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fred Phillips Co. "C"	Well No. 3	Pool Name, including Formation Blanco Mesaverde <i>Ext</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01138
--	---------------	---	--	-----------------------

Location
Unit Letter E : 1650 Feet From The North Line and 910 Feet From The West
Line of Section 15 Township 25N Range 3W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N M 87413
Name of Authorized Transporter of Castorhead Gas ☒ or Dry Gas ☐ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N M 87499

If well produces oil or liquids, give location of tanks.	Unit E	Sec. 15	Twp. 25N	Range 3W	Is gas actually connected? No	When
--	-----------	------------	-------------	-------------	----------------------------------	------

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

BDS Shaw
(Signature)
Adm. Supervisor
(Title)
9-28-84
(Date)

OIL CONSERVATION DIVISION
10-15-84
APPROVED OCT 15 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1184.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

IS WELL			
Test Prod. Test-MCF/D	Length of Test	Blk. Condensate/MCF	Gravity of Condensate
125	24 hrs		
Testing Method (Pilot, Back pr.)	tubing Pressure (Shut-In)	casing Pressure (Shut-In)	Choke Size
Back pressure	200 psig	275 psig	12/64

1 - J.C. Burnside Denver
1 - Lites/Higgins - Denver
1 - C.D. Maggard - Tulsa
1 - Open
1 - PLATEAU