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U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2084
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30271/N
RECEIVED

APR 24 1985

OIL CON. DIV.
DIST. 3

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Ceilinghead Gas	☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oso Canyon Federal B	Well No. 1	Pool Name, including Formation Gavilan Mancos Ext	Kind of Lease State, Federal or Fee Federal	Lease No. NM40635
Location				
Unit Letter F : 1660 Feet From The north Line and 1840 Feet From The west				
Line of Section 11 Township 24N Range 2W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Ceilinghead Gas ☒ or Dry Gas ☐ Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit F Sec. 11 Twp. 24N Rge. 2W	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)

4/19/85

(Date)

OIL CONSERVATION DIVISION

MAY 06 1985

5-6-85
APPROVED

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reelty, Diff.
	X		X				
Date Drilled 11/10/84	Date Compl. Ready to Prod. 1/19/85	Total Depth 8175'		P.B.T.D. 8132'			
Well Name (DE, RKB, RT, CR, etc.) 7275'GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 6756'		Tubing Depth 7529'			
Perforations 6876'-6756', 6998'6896', 1 jspf, .50", for total of 222 holes.						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, K55	289'	236cf.
7-7/8"	5-1/2", 17#, K55	8175'	2111cf
	2-7/8"	7529'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

One First New Oil Run To Tanks 1/29/85	Date of Test 2/5/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 90 psig	Casing Pressure 90 psig	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 137	Water - Bbls. 17	Gas - MCF 202

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size