

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
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

Operator Amoco Production Co.  
Address 501 Airport Drive, Farmington, N M 87401  
Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate  
Other (Please explain) RECEIVED SEP 11 1985 OIL CON. DIV. DIST. 3  
Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Well Name <u>Carilla Cont. 148</u>	Well No. <u>42</u>	Pool Name, Including Formation <u>W. Lindrith Gallup Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>JC148</u>
Location Unit Letter <u>G</u> : <u>2230</u> Feet From The <u>North</u> Line and <u>1950</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County _____				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<input checked="" type="checkbox"/> of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u> <input checked="" type="checkbox"/> of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702, Farmington, N.M. 87499</u> Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Farmington, N.M. 87499</u>
Well produces oil or liquids, location of tanks. Unit <u>G</u> Sec. <u>24</u> Twp. <u>25N</u> Rgs. <u>5W</u>	Is gas actually connected? <u>No</u> When _____

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

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

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.

B D Shaw  
(Signature)

Adm. Supervisor

(Title)

9-10-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 11 1985

BY

Original Signed by CHARLES GHOLSON

TITLE

DEPUTY OIL & GAS INSPECTOR, 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.

Separate Forms C-104 must be filled 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 Res'v.	Dill. R.
	X		X					
Date Spudded 7-19-85	Date Compl. Ready to Prod. 9-6-85	Total Depth 7756'				P.B.T.D. 7708'		
Levections (DF, RKB, RT, GR, etc.) 6881' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 6452'				Tubing Depth 7514'		
Explorations 7486'-7512' 7446'-7464' 6452'-6570' 6618'-6740' 6792'-6830' 7306'-7320'						Depth Casing Shoe 7756'		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, K55	345'	354 cf
7-7/8"	5-1/2", 15.5#, J55	7752'	1800 cf
	2-3/8"	7514'	

## TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-6-85	9-10-85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	420 psig	1020 psig	17/64
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	144	46	899

WHI	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Oil Prod. Total - MCF/D			
Water Prod. Total - MCF/D			
Gas Prod. Total - MCF/D			
Pressure (psig)	Pressure (psig)	Pressure (psig)	Choke Size

