

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

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 ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

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DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 148	Well No. 34	Pool Name, including Formation W. Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 0900014
Location Unit Letter H : 1870 Feet From The North Line and 580 Feet From The East Line of Section 14 Township 25N Range 5W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 Sec. Twp. Rge. H 14 25N 5W
Is gas actually connected?	When No

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)

7-30-85

(Date)

OIL CONSERVATION DIVISION

AUG 06 1985

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X		X					
Date Spudded 4-12-85	Date Compl. Ready to Prod. 7-8-85 5-29-85		Total Depth 7920'			P.B.T.D. 7888'			
Elevations (DF, RKB, RT, GR, etc.) 6930' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6538'			Tubing Depth 7525'			
Perforations 7518'-7536', 7544'-7552', 7558'-7586', 7384'-7398', 6700'-6768', 6786'-6844', 6852'-6904', 6538'-6566', 6578'-6598'						Depth Casing Shoe 7920'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8", 24#, K55		328'			325 cu. ft.			
7-7/8"	5-1/2", 15.5#, K55		7920'			2561 cu.ft.			
	2-3/8"		7525'						

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-29-85 (Dakota)	Date of Test 7-5-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 210 psig	Casing Pressure 440 psig	Choke Size 18/64
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 26	Gas-MCF 232

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (Flow, back prod., shut-in)	Shut-in	Casing Pressure (shut-in)	Choke Size

Perforations (continued) 6614'-6630', 6638'-6652'