## OBSTRIBUTION SANTA FE

1/2/79 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-11

SANIATE		-/-		_ REQUEST F	OK ALLOWABLE	Effective 1-1-65	
FILE					AND		
U.S.G.S.		ļ'		AUTHORIZATION TO TRAI	ASPORT OIL AND NATURA	AL GAS	
LAND OFFICE	·		<del>  </del>				
TRANSPORTER	OIL	1	<del>  </del>				
	GAS	1	<b>  </b>			API 30-039-21612	
OPERATOR		<u> </u>	<del> </del>			711 70 095 21012	
PROPATION OF	FICE	l					
Operator							
AMOCO PROD	UCTION	1 CC	<u>)MPAN</u>	Y			
Address					•	•	
501 Airpor	t Driv	ле _	Farm	nington, NM 87401	Torban (Planes analyis)		
Reason(s) for liling	(Check p	roper	box)		Other (Please explain)		
New Well				Change in Transporter of:			
Recompletion	Ц			CII Dry Gas	<b>~</b> 1 ·		
Change in Ownershi	թ			Casinghead Gas Condens	sate		
						•	
If change of owner and address of pre	ship giv	e nar Voet	me	·			
and address of his	¥10@\$ 0 F					•	
DESCRIPTION C	F WEL	J. A	ND LI	EASE			
Lease Name			1.1.11	Well No. Pool Name, Including Fo	rmation Kind of	i —	
Valencia C	anvon	IIn:	it	35 Blanco Mesaver	deState, Fo	ederal or Fee Federal NM 14922	
Location	arryon						
_	м		950	Feet From The South Line	and 810 Feet 7	rom The West	
Unit Letter	EI	. <b>:</b>		reet riom the boder the			
	. 97		т	ship 28N Range	4W , NMPM, Rio	Arriba County	
Line of Section	34		Town	siny ZON Mange	THE PARTY AND		
	:			CD OF OIL AND NATURAL CA	s		
DESIGNATION (	OF TRA	NSP	ORTE	or Condensate	Address (Give address to which a	approved copy of this form is to be sent)	
[		rier o	,ı Oı. [	c. condensate (		ington, NM 87401	
Plateau, I	nc.			nghead Gas or Dry Gas X	Address (Give address to which o	approved copy of this form is to be sent)	
Name of Authorized							
El Paso Na	tural	Ga	s Con	npany		ington, NM 87401	
If well produces of	or liquid	is.		Unit Sec. Twp. P.ge.	Is gas actually connected?	1	
give location of tar	.ks.	•	t .	M   34   28N   4W	No	Approximately 30 days	
1			d with	that from any other lease or pool,	give commingling order number:	:	
COMPLETION I	15 COMMI 14 TA	ugie	u with	that nom any other rest.			
				Oll Well Gas Well	New Well Workover Deepe	n Plug Back Same Resty. Diff. Resty.	
Designate Ty	pe of C	omp	letion	- (X) X	X .		
Date Spudded				Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
1			-	10/20/78	8510'	6398'	
5/13/78	(0.00.		<del></del> -	Name of Producing*Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RA	(B, KI, C	,Κ, ε	,	-	5846'	6330'	
7109' GL	7122	<u> KB</u>		Mesaverde	1 (19/ 62261 62/5 6	A T Depth Casing Shoe	
Perforations 5846	5-54',	58	90-59	904', 6122-28', 6138-46	, 6184-6226 , 6243-6	8510'	
6273-78',	<u>6305-</u>	<u>09'</u>			CEMENTING BECORD		
				TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
	ESIZE			CASING & TUBING SIZE		350 sx	
14	4-3/4"			10-3/4"	284 <b>'</b> 4320 <b>'</b>	675 sx	
	7/8"			7-5/8"			
(	5-3/4"			4-1/2"	8510'	200 sx	
			Î	2-3/8"	6330'		
	ID DEA	TIES	TEO	DALLOWARIE (Test must be a	fter recovery of total volume of loa	d oil and must be equal to or exceed top allow	
	ID KEQ	UES	il FO	able for this de	,		
OIL WELL Date First New OII	Run To	Tank	•	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
Date Filet New On			- I				
				Tubing Pressure	Casing Pressure	Choke Size	
Length of Test			- 1				
				Oil-Bble.	Water-Bbls.	Gae - MC	
Actual Prod. Durin	g Test		- 1	Off- Boile:			
GAS WELL					The Control of the Control	Gravity of Condensate	
Actual Prod. Test	- MCF/D			Length of Test	Bbls. Condensate/MMCF		
3245				3 hours	40.00	Choke Size	
3245 Testing Method (P	itot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	,	
Back Pres			1	1125	1173	75"	
		ALDY	LANC		OIL CONSE	RVATION COMMISSION	
CERTIFICATE	OF CO	mr L	JANU	<b>.</b>	1.34.		
				Aut. Oil Companyation	APPROVED	, 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Original Signed by A. R. Kendrick		
					SUPERVISOR CARRO		
POOLE IN UND NU	= compr	•	<del>-</del>	-	SUPLA	urabled and the con-	
					TITLE		
					This form is to be file	d in compliance with RULE 1104.	
(Signature)					If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
Admi	nistra	<u> 1                                   </u>		pervisor	All sections of this for able on new and recomplet	rm must be filled out completely for allow and wells.	
			(Title	<b>*</b> /	II	. I II III and VI for changes of owner	
		1/	<u>2/79</u>		well name or number, or train	unbotter of other mach chaufe of countries	
			(Date	¢ i	11		

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