

NAME OF COMPANY RECEIVING	4
STATE OF NEW MEXICO	
SANITARY	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kutz Deep Test "C"	Well No. 2	Pool Name, including Formation Fulcher Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal SF	Lease No. 077383-A
Location Unit Letter: F Section: 1500 Feet From The North Line and 1750 Feet From The West				
Tire of Section 27 Township 28-N Range 10-W , NMCM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gas Company	P. O. Box 398, Bloomfield, New Mexico 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
Is gas actually connected? No		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-13-72	Date Compl. Ready to Prod. 4-19-73		Total Depth 2175'		R.S.T.D. 2114'			
Elevations (H.F., R.B.B., R.T., G.R., etc.) 5964' Gr., 5973' KB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 1998'		Casing Depth 1900'			
Perforations 2004-10', 2014-18', 2022-28', 2034-42' w/2 SPF					Depth Casing Shoe 2164'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		214'		200			
7-7/8"	4-1/2"		2164'		475			
	2-3/8"		1900'					
	1" Tailpipe		1900-2001'					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

APPROVED TEST - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
760	3 hrs.	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	301	312	.750

VI. CERTIFICATE OF COMPLIANCE

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/Signature of

J. J. Arnold

(Signature)

Area Engineer

(Title)

May 1, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 11 1973**

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BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR 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.