

DISTRIBUTION			
SANTA FE	/		
FILE	/		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR	/		
PRORATION 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-1  
Effective 1-1-65

*corrected*  
*2-20-80*

API 30-045-23773

I. Operator  
Amoco Production Company  
Address  
501 Airport Drive Farmington, NM 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)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name J. F. Day "B" Well No. 2 Pool Name, Including Formation Fulcher Kutz-Pictured Cliffs Kind of Lease State, Federal or Fee Federal Lease No. SF-047039  
Location  
Unit Letter *M-0* ; 1025 Feet From The South Line and 1610 Feet From The East  
Line of Section 7 Township 28N Range 10W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
*Gas Company of New Mexico* Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1899, Bloomfield, NM 87413  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
No Approximately 30 days  
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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
10-26-79 12-11-79 2210 2165  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
5830' GL Pictured Cliffs 1958 2000'  
Perforations Depth Casing Shoe 2210'  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12-1/4" 8-5/8", 24.0# 306 350 SX  
7-7/8" 4-1/2", 10.5# 2209 415 SX  
2-3/8" 2000

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  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
598 3 hrs.  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size  
Back Pressure 152 157 .75

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 Signed By E. E. SVOBODA  
District Administrative Supervisor  
1-8-80  
OIL CONSERVATION COMMISSION  
APPROVED FEB 1 1 1980  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE  
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 multiple