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JUN 12 1985

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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

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OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Galleogs Canyon Unit	Well No. 237E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078807A
Location Unit Letter <u>C</u> ; <u>1060</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>28N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87499
If well produces oil or fluids, give location of tanks.	Unit : <u>C</u> Sec. : <u>13</u> Twp. : <u>28N</u> Rge. : <u>13W</u> Is gas actually connected? <u>No</u> When

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.

BD Shaw

(Signature)

Adm. Supervisor

(Title)

6/6/85

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 17 1985

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 filled 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'v.
Date Spudded 4/6/85	Date Compl. Ready to Prod. 5/7/85		X	X					
		Total Depth 6232'				P.B.T.D. 6188'			
Elevations (DF, RKB, RT, GR, etc.) 5634' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 5980'				Tubing Depth 6134'			
Perforations 5980'-5990', 6002'-6022', 6060'-6112'						Depth Casing Shoe 6232'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24#, K55		445'		325 cf				
7-7/8"	4-1/2", 11#, K55		6232'		1757 cf				
	2-3/8"		6134'						

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
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 4032	Length of Test 3	Bbls. Co	Rate/MMCF	Grav' (Condensate)
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (psig) 1254	Casing P		Choke 75"



LTR



Job separation sheet

80737

District I

P.O. Box 1980, Hobbs, NM

District II

P.O. Drawer DD, Artesia, NM 88211

District III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SUBMIT 1 COPY TO
APPROPRIATE
DISTRICT OFFICE
AND 1 COPY TO
SANTA FE OFFICE

RISK
Trench 11 below
PT 6th
no tests

9/12/01

PIT REMEDIATION AND CLOSURE REPORT

Operator: Amoco Production Company Telephone: (505) - 326-9200Address: 200 Amoco Court, Farmington, New Mexico 87401Facility Or: Gen # 237E
Well NameLocation: Unit or Qtr/Qtr Sec C Sec 13 T28N R13W County SAN JUANPit Type: Separator Dehydrator Other ABANDONED BLOWLand Type: BLM ✓, State , Fee , Other Pit Location: Pit dimensions: length NA, width NA, depth NA
(attach diagram)Reference: wellhead X, other Footage from reference: 130'Direction from reference: 58 Degrees East North ✓
of
✓ West South

Depth To Ground Water:

(Vertical distance from
contaminants to seasonal
high water elevation of
ground water)

Less than 50 feet (20 points)

50 feet to 99 feet (10 points)

Greater than 100 feet (0 Points) 0

Wellhead Protection Area:

(Less than 200 feet from a private
domestic water source, or; less than
1000 feet from all other water sources)

Yes (20 points)

No (0 points) 0

Distance To Surface Water:

(horizontal distance to perennial
lakes, ponds, rivers, streams, creeks,
irrigation canals and ditches)

Less than 200 feet (20 points)

200 feet to 1000 feet (10 points)

Greater than 1000 feet (0 points) 0RANKING SCORE (TOTAL POINTS): 0

Date Remediation Started: _____ Date Completed: 4/8/00Remediation Method: Excavation ☒ Approx. cubic yards NA
(check all appropriate sections) Landfarmed _____ Insitu Bioremediation _____Other CLOSE AS IS.Remediation Location: Onsite ☒ Offsite _____
(ie. landfarmed onsite, name and location of offsite facility)

General Description Of Remedial Action: _____

Excavation, TRENCH ADVANCED. NO TPH ANALYSIS WAS CONDUCTED.

PERMANENT CLOSURE REQUESTED.

Ground Water Encountered: No ☒ Yes _____ Depth _____Final Pit: Sample location see Attached Documents
Closure Sampling: _____
(if multiple samples, attach sample results and diagram of sample locations and depths)Sample depth 7' (TRENCH BOTTOM)Sample date 4/8/00 Sample time _____

Sample Results

Benzene(ppm) _____

Total BTEX(ppm) _____

Field headspace(ppm) 0.0

TPH _____

Ground Water Sample: Yes _____ No ☒ (If yes, attach sample results)

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

DATE 4/8/00

SIGNATURE

B. ShawPRINTED NAME
AND TITLEBuddy D. Shaw
Environmental Coordinator

CLIENT: <u>AMOCO</u>	BLAGG ENGINEERING, INC. P.O. BOX 87, BLOOMFIELD, NM 87413 (505) 632-1199	LOCATION NO: <u>80737</u> C.D.C. NO: _____
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FIELD REPORT: CLOSURE VERIFICATION	PAGE No: <u>1</u> of <u>1</u>
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LOCATION NAME: <u>GCU</u> WELL #: <u>237E</u> PIT: <u>ABAND. BLOW</u> QUAD/UNIT: <u>C SEC: 13 TWP: 28N RNG: 13W PM: NM CNTY: SJ ST: NM</u> QTR/FOOTAGE: <u>R60' N / 1450' W</u> NEW CONTRACTOR: <u>FLINT</u>	DATE STARTED: <u>4-8-W</u> DATE FINISHED: _____ ENVIRONMENTAL SPECIALIST: <u>JCS</u>
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EXCAVATION APPROX. NA FT. x NA FT. x NA FT. DEEP. CUBIC YARDAGE: NA

DISPOSAL FACILITY: ONSITE REMEDIATION METHOD: CLOSE AS IS

LAND USE: RANGE LEASE: SF-078807-A FORMATION: DK

FIELD NOTES & REMARKS:	PIT LOCATED APPROXIMATELY <u>130</u> FT. <u>N58W</u> FROM WELLHEAD		
DEPTH TO GROUNDWATER: <u>>100'</u>	NEAREST WATER SOURCE: <u>>100'</u>	NEAREST SURFACE WATER: <u>>1000'</u>	
NMOC D RANKING SCORE: <u>0</u>	NMOC D TPH CLOSURE STD: <u>500</u> PPM	<u>CHECK ONE :</u>	
<u>SOIL AND EXCAVATION DESCRIPTION:</u>	OVM CALIB. READ. <u>52.4</u> ppm	<input checked="" type="checkbox"/> PIT ABANDONED	
	TIME: <u>1110 am</u> pm	_____ STEEL TANK INSTALLED	
		_____ FIBERGLASS TANK INSTALLED	

TRENCH: 0'-4' Silty Sand, Dry, Non Cohesive, No HC ODR or STAIN

FIELD 418.1 CALCULATIONS

TIME	SAMPLE I.D.	LAB No:	WEIGHT (g)	mL. FREON	DILUTION	READING	CALC. ppm

SCALE

0 1 FT

PIT PERIMETER

TO well

TRENCH ~ 4'
Below Pit Bottom

OVM RESULTS

SAMPLE ID	FIELD HEADSPACE PID (ppm)
1 @ 7'	0.0
2 @	
3 @	
4 @	
5 @	

LAB SAMPLES

SAMPLE ID	ANALYSIS	TIME

PIT PROFILE

Not Applicable

TRAVEL NOTES: CALLOUT: _____ ONSITE: _____