

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		1
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-110  
Effective 1-1-65

I.

Operator <b>AMOCO PRODUCTION COMPANY</b>		
Address <b>501 Airport Drive, Farmington, New Mexico 87401</b>		
Reason(s) 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 <b>Heath Gas Com "M"</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal SF</b>	Lease No. <b>076337</b>
Location				
Unit Letter <b>G</b> ; <b>1800</b> Feet From The <b>North</b> Line and <b>1520</b> Feet From The <b>East</b>				
Line of Section <b>9</b> Township <b>29N</b> Range <b>9W</b> , NMPM, <b>San Juan</b> 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)	
<b>El Paso Natural Gas Co.</b>	<b>P. O. Box 990, Farmington, New Mexico 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <b>No</b> When	

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.
			<b>X</b>	<b>X</b>					
Date Spudded <b>11-10-72</b>	Date Compl. Ready to Prod. <b>11-19-72</b>		Total Depth <b>2485'</b>		P.B.T.D. <b>2423'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>5734' Gr., 5746' KB</b>	Name of Producing Formation <b>Pictured Cliffs</b>		Top Oil/Gas Pay <b>2296'</b>		Tubing Depth <b>2344'</b>				
Perforations <b>2298-2320' x 2326-2342' x 1 SPF</b>					Depth Casing Shoe <b>2472'</b>				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>215'</b>		<b>200 (circ to surf.)</b>				
<b>6-3/4"</b>	<b>4-1/2"</b>		<b>2472'</b>		<b>375</b>				
	<b>1-1/2"</b>		<b>2344'</b>						

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 greater than 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
			<b>DEC 26 1972</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<b>CON. COM. DIST. 3</b>

GAS WELL

Actual Prod. Test - MCF/D <b>2720</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>860</b>	Casing Pressure (shut-in) <b>862</b>	Choke Size <b>3/4"</b>

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  
**J. ARNOLD GUELL**

(Signature)

**Area Engineer**

(Title)

**December 22, 1972**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 26 1972** 19

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.