

DISTRIBUTION		5
SALES TAX		1
-E		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	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

Operator	
AMOCO PRODUCTION COMPANY	
Address	
501 Airport Drive, Farmington, New Mexico 87401	
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State Gas Com "A"	1A	Blanco Mesaverde	State, Federal, or Fee Fee	
Location				
Unit Letter	0	885 Feet From The	South	1760 Feet From The
Line of Section	16	Township	29-N	Range
			9-W	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)
Plateau, Inc.	<input checked="" type="checkbox"/>	P. O. Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	P. O. Box 990, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	16
	29N	9W
	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	Gas Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
4/11/77	4/30/77	4840'	4803'				
Elevations (DF, RHB, RT, GR, etc.)	Name of Producing Formation	Per Oil Gas Pay	Tubing Depth				
5770' GL, 5783' KB	Mesaverde	3894'	4666'				
Perforations			Depth Casing Shoe				
3894-87, 3936-38, 3945-54, 3959-61, 3966-70, 3992-99, 4033-36, 4040-48, 4064-69, 4074-80, 4140-44, 4173-87, 4200-14, 4324-31, OVER			4840'				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12-1/4"	9-5/8" csg	270'	280				
8-3/4"	7" csg	2650'	460				
6-1/4"	4-1/2" liner	2453-4840'	210				
	2-3/8" tbg	4666'					

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
Actual Prod. During Test	Oil-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Grav. of Condensate/MMCF	Gravity of Condensate
1607	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	680	687	.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.

El Soboda  
(Signature)  
Area Adm. Supvr.  
(Title)  
May 11, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by A. R. Hendrick  
TITLE SECRETARY

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.  
Supersedes Form C-104 must be filed for each well in multiple

**PERFORATIONS CONTINUED:**

**4337-39, 3383-94, 4398-4408, 4427-29, 4488-4520, 4522-24, 4533-36, 4562-65,  
4574-83, 4664-66.**