	144 D	4		
DISTRIBUTIO	DN			
SANTA FE		Ī		
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	\perp		
OPERATOR		I		
PROPATION OF	ICE			
AMOCO PRODI Address 501 Airport Reason(s) for filing a New We!1 Recompletion Change in Ownership	Driv Check p	Te roper	Far	
and address of prev				EAS
Lease Name				T,
Lopez Gas C	om			
Location				
Unit Letter D	· · · · · ·	:	800	
Line of Section	2		Town	ship

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL CAS			
	LAND OFFICE			ne one			
	TRANSPORTER OIL						
	GAS /		•				
	PROPATION OFFICE	-		API 30-045-23204			
ı.	Operator						
	AMOCO PRODUCTION COM	PANY		<u> </u>			
	Address		•				
	501 Airport Drive F Reason(s) for filing (Check proper bo	armington, NM 87401	Other (Please explain)				
	New Well	Change in Transporter of:	Omer (Frease explain)	·			
	Recompletion	Cil Dry G	as 🔲				
	Change in Ownership	Casinghead Gas Conde	ensate .	,			
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE		•			
	Lease Name	Well No. Pool Name, Including I	Formation Kind of	Lease No.			
	Lopez Gas Com	1 Basin Dakota	State, F	ederal or Fee Fee			
	Location			T7			
	Unit Letter D : 80	00 Feet From The North Li	ne and 1015 Feet 7	rom The West			
	Line of Section 2 To	ownship 29N Range	9W , NMPM, S'a	n Juan County			
	-						
.11.		RTER OF OIL AND NATURAL GA		approved copy of this form is to be sent)			
	Name of Authorized Transporter of O.	or Condensate	Address (Give address to which a	approved copy of this form is to be sent)			
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which a	approved copy of this form is to be sent)			
	El Paso Natural Gas (P.O. Box 990 Farmin	ngton, NM 87401			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	give location of tanks.		No	1			
		ith that from any other lease or pool,	give commingling order number:				
₹ V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi	ion – (X)	x				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	12/27/78	3/22/79	6820'	6770'			
	Elevations (DF, RKB, RT, GR, etc.) 6770 GL, 6783 KB	Name of Producing*Formation Dakota	Top Oil/Gas Pay 6616'	Tubing Depth 6700'			
	Perforations	Darota	.] 0010	Depth Casing Shoe			
- }	6616-6738', Dakota		6798'				
l		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
}	13-3/4"	9-5/8"	285'	250 sx 250 sx			
}	8-3/4" 6-1/4"	4-1/2"	2475' 6798'	755 sx			
ŀ	0-1/4	2-3/8"	6700'				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	i oil and must be equal to or exceed top allow-			
	OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gr	as life and 1			
- [Date First New Oil Run To Tanks	Date of Test	Producing Meinod (Prow, pump, go				
-	Length of Teet	Tubing Pressure	Casing Pressure	Chok Spa			
				1979			
	Actual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas MCFAPR. 91919			
Į.			<u> </u>	and Live I			
	GAS WELL			OIL DIST. 3			
Γ	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate			
1	669	3 hours					
ſ	Teeting Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	0.75"			
L	Back Pressure	1708 psig	1710 psig				
Ί. (CERTIFICATE OF COMPLIAN	CE	I i	RVATION COMMISSION			
	A control of the state of the section and	regulations of the Oil Conservation	APPROVEDA	PR 9 1979 . 19			
(Commission have been compiled	with and that the information given	Original Signed by A. R. Kendrick SUPERVISOR DIST. #3				
•	bove is true and complete to the	e best of my knowledge and belief.					
			TITLE				
	•	y	This form is to be filed in compliance with RULE 1104.				
_			If this is a request for a	If this is a request for allowable for a newly drilled or despend			
_	,	aiwe)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
_	Administrative	Supervisor (10)	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.				
	3/6						
_		(19 u(e)	well name or number, or trans	porter, or other such change of condition.			

Separate Forms C-104 must be filed for each pool in multiply completed wells.