

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**  
Amoco Production Company

**Address**  
501 Airport Drive, Farmington, NM 87401

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<b>Change in Transporter of:</b> <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	<b>Other (Please explain)</b>  
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

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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

<b>Lease Name</b> Candelaria "A"	<b>Well No.</b> 1	<b>Pool Name, Including Formation</b> Armenta Gallup	<b>Kind of Lease</b> State, Federal or Fee      Fee	<b>Lease No.</b>
<b>Location</b>				
Unit Letter <u>C</u> : <u>575</u> Feet From The <u>North</u> Line and <u>1660</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>29N</u> Range <u>10W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.		P. O. Box 489, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas		P. O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	C	27	29N
			Rge. 10W
Is gas actually connected?		When	
No			

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.

Original Signed By  
D.D. Lawson

(Signature)

District Administrative Supervisor

(Title)

8-20-84

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 23 1984

BY

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 filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-8-83	Date Compl. Ready to Prod. 4-29-83		Total Depth 5900'		P.B.T.D. 5856'				
Elevations (DF, RKB, RT, GR, etc.) 5518' KB	Name of Producing Formation Armenta Gallup		Top Oil/Gas Pay 5338'		Tubing Depth 5830'				
Perforations 5338' - 5650'					Depth Casing Shoe 5900'				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	11-3/4", 42#		338'		500				
7-7/8"	5-1/2", 15.5#		5900'		1378				
	2-7/8"		5830'						

#### 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)

Date First New Oil Run To Tanks 5-28-83	Date of Test 5-29-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 120 psig	Casing Pressure None	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 8.0	Water - Bbls. 4.7	Gas - MCF 234

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size