

OF THIS OFFICE	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	NAT
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Formal (6-01-43)
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Candelaria Gas Com C	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C : 940 Feet From The north Line and 1480 Feet From The west				
Line of Section 27 Township 29N Range 10W, NUPM, 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)
Permian Corporation	P.O. Box 1702 Farmington, NM 87499
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	P.O. Box 990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit C Sec. 27 Twp. 29N Rge. 10	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.

BDS Law

Adm. Supervisor

(Title)

4/18/85

(Date)

OIL CONSERVATION DIVISION

4-26-85 APR 26 1985

APPROVED

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 filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Drill
		X	X					
Date Drilled 3/3/85	Date Compl. Ready to Prod. 3/18/85	Total Depth 3110'	P.B.T.D. 3050'					
Completion (DF, RKB, RT, CR, etc.) 5492' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 2806'	Tubing Depth 2922'					
Perforations 2806'-2824', 2890'-2916', 4 jspf, .5" in diameter for a total of 176 holes.			Depth Casing Shoe 3110'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, K55	304'	354cf
7-7/8"	4-1/2", 10.5#, J55	3109'	885cf
	2-3/8"	2922'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

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

GAS WELL

Actual Prod. Test - MCF/D 1086	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.) Back pressure	Tubing Pressure (Start - End) 751 psig	Casing Pressure (Start - End) 924 psig	Choke Size .75"