

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.O.M.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATOR 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 checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. H. Riddle	Well No. 3E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. SF-078200
Location Unit Letter D ; 800 Feet From The North Line and 1050 Feet From The West				
Line of Section 24 Township 30N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" 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 D	Sec. 24	Twp. 30N	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
B. D. Shaw

(Signature)

Administrative Supervisor

(Title)

4-5-84

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR - 6 1984** 19

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.

APR 06 1984
OIL CON. DIV.
DIST. 3

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 2-14-84	Date Compl. Ready to Prod. 3-13-84	Total Depth 7545'			P.B.T.D. 7525'				
Elevations (DF, RKB, RT, CR, etc.) 6313' KB	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7310'			Tubing Depth 7522'				
Perforations 7310'-7334', 7408'-7432', 7466'-7472', 7480'-7488', 7508'-7516', 4 jspf, .4", total 280 holes							Depth Contaq Shoe 7540'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	313'	300
8-3/4"	7", 23#, J-55	3250	490
6-1/4"	4.5" - 10.5# J-55	3036'-7540	500
	2-3/8"	7522'	

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	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 221'	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (psig, back pr.) back pressure	Tubing Pressure (Shut-in) 2023 psig	Casing Pressure (Shut-in) 2025 psig	Choke Size .75

(Handwritten signature or initials)