NEW MEXICO OIL CONSERVATION COMMISSION Form C-i 04 / SINTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65 I LE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS L.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator AMOCO PRODUCTION COMPANY 501 Airport Drive Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Blanco Pictured Cliffs Sammons Gas Com "H" ; 1040 Feet From The South Line and 840 East Feet From The Unit Letter 10W San Juan . NMPM. Township 31N Range County Line of Section 6 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401 El Paso Natural Gas Company Pae. If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Resty. Diff. Resty. Workover Deepen Oil Well Gas Well New Well Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded 3/19/78 2869' 2759**'** 2/28/78 Top Oil/Gas Fay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 2614' 2650' Pictured Cliffs 5842 Depth Casing Shoe Perforations 2869' 2614-28, 2642-52, 2676-80 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 250 sx 12-1/4" 8-5/8" 275' 4-1/2" <u> 2869 '</u> <u>580 sx</u> 7-7/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test 3 hours 1344 Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) <u>. 7</u>5" 691 688 Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE

APPROVED

TITLE .

By Original s

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This form is to be filed in compliance with RULE 1104.

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

Parties Trans C 104 must be filled for each most in

If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

#3

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 ballef.

Original Stynnel By

(Signature)

Area Administrative Supervisor
(Title)

E. E. SVOBODA

5/25/78