

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

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"/> Recompletion	<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 \_\_\_\_\_

**CONFIDENTIAL**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wood Gas Com "A"	Well No. 1	Pool Name, including Formation Mt. Nebo Fruitland	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter B	: 1155	Feet From The North	Line and 1745	Feet From The East
Line of Section 4	Township 31N	Range 10W	, NMPM, San Juan	

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 : B Sec. : 4 Twp. : 31N Rge. : 10W
Is gas actually connected?	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)  
June 4, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 1984

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 deeper 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dil. Res'v.
			X	X					
Date Spudded 12-14-83	Date Compl. Ready to Prod. 4-16-84	Total Depth 2694'				P.B.T.D. 2656'			
Elevations (DF, RKB, RT, CR, etc.) 5833' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2589'				Tubing Depth 2645'			
Perforations 2589'-2626'						Depth Casing Shoe 2368'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		JACKS CEMENT				
17-1/2"	13-3/8", 48#		275'		720 cu. ft.				
12-1/4"	9-5/8", 32.3#		2363'		1196 cu. ft.				
8-3/4"	7", 26#		2144'-2693'		128 cu. ft.				
	2-7/8"		2645'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 36 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 190*	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Start-End) 550 psig	Casing Pressure (Start-End) 1140 psig	Choke Size .75"

\*Estimated

Pressure too low for super compress factor. Did not have pilot tube for low gas flow, well flared, light H<sub>2</sub>O.