

OIL CONS. DIV.
DIST. 3

RCVD OCT 8 '09

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>T.L. Rhodes "C"</u>	Well No. <u>2E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-0808</u>
Location Unit Letter <u>N</u> ; <u>210</u> Feet From The <u>South</u> Line and <u>2340</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>30</u>	Twp. <u>28N</u>	Req. <u>11W</u>	Is gas actually connected? <u>No</u>	When

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)
2/14/85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

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

If this is a request for allowable for a newly drilled or deepener 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	D/L Res
		X	X					
Date Spudded 12/21/84	Date Compl. Ready to Prod. 1/30/85	Total Depth = 6571'	P.B.T.D. 6520'					
Elevations (DF, RKB, RT, GR, etc.) 6000' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6362'	Tubing Depth 6471'					
Perforations 6362'-6372', 6389'-6396', 6442'-6468', 4 jsfp, .50" total of 172 holes			Depth Casing Shoe 6568'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8", 32.30#	558'	413 c.f.					
8-3/4"	7", 23#	6568'	1274 c.f.					
	2-3/8"	6471'						

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) -

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
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 854	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 285 psig	Casing Pressure (Shut-in) 1453 psig	Choke Size .75"