

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

 Form C-104
 Revised 10-01-78
 Format 08-01-83
 Page 1

 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Amoco Production Co.
Address	501 Airport Drive, Farmington, NM 87401
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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 If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Oso Canyon Federal A	1	Undesignated Gallup	State, Federal or Fee Federal	NM 40637
Location				
Unit Letter	F	: 1660 Feet From The north Line and 1790 Feet From The west		
Line of Section	14	Township 24N	Range 2W	NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F, Sec. 14, Twp. 24N, Rge. 2W	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 Shaw

(Signature)

Adm. Supervisor

(Title)

4/23/85

(Date)

 7-885 OIL CONSERVATION DIVISION
 JUL 8 1985

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

This form is to be filled 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 filled 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 Reentry
		X		X				
Date Drilled	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
10/25/84	1/2/85	8052'		8008'				
Formation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
7321'GR	Gallup	6710'		7506'				
Perforations				Depth Casing Shoe				
6710-6982				8052'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, J55	309'	360 cu. ft.
7-7/8"	5-1/2", 17#, K55	8052'	1770 cu. ft.
	2-7/8"	7506'	

VI. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or greater than 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.)	
1/26/85		2/3/85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.	85 psig	none	.75"	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	27	9	120	

VII. GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size