

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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

RECEIVED

AUG 27 1987

OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
2325 East 30th Street; Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bear Canyon Unit</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Gavilan-Manecos</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>G</u> : <u>1680</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u>				
Line of Section <u>15</u> Township <u>26N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> 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)
<u>Permian Corporation</u>	<u>P. O. Box 1702 Farmington, NM 87499</u>
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)
<u>El Paso Natural Gas Company</u>	<u>Caller Service 4490 Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>15</u> Twp. <u>26N</u> Rge. <u>2W</u>	<u>No</u>

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.

B. Shaw
(Signature)

Administrative Supervisor

8-25-87

(Title)

(Date)

OIL CONSERVATION DIVISION

AUG 27 1987

APPROVED
BY Original Signed by CHARLES GROLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
5-23-87	7-30-87		8316'			8256'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
7395' GR	Dakota		7346'			7478'			
Perforations						Depth Casing Shoe			
7346' - 7442'						8316'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8", 36#, J55		361'		295 cf Class B Ideal			
7-7/8"		5-1/2", 17#, & 15.5#		8316'		1408 cf Class B Ideal			
		N80 and J55		7478'					
		2-3/8"							

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.)	
7-30-87		8-23-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Plate Size	
24 hrs.	70 psig	80 psig	.500"	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	167	2	77	

GAS WELL

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