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TABULATION OF DEVIATION TESTS
VALENCIA CANYON UNIT NO. 26
AMOCO PRODUCTION COMPANY

<u>DEPTH</u>	<u>DEVIATION</u>
305'	1/2°
1420'	1°
1859'	1/2°
3550'	3/4°
4425'	2-3/4°

/

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S Valencia Canyon Unit No. 26 located 1160' FNL x 1140' FWL, Section 22, T-28-N, R-4-W, Rio Arriba County, New Mexico.

Signed E. E. Svoboda
Title Area Adm. Supervisor

THE STATE OF NEW MEXICO))
COUNTY OF SAN JUAN) SS.

BEFORE ME, the undersigned authority, on this day personally appeared E. E. Svoboda known to me to be Area Adm. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 12th day of July, 1978.

Eleanor P. Brown
Notary Public

My Commission Expires: December 28, 1979

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Amoco Production Company
Address
501 Airport Drive Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Valencia Canyon Unit	Well No. 26	Pool Name, including Formation Choza Mesa Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 14916
Location Unit Letter D ; 1160 Feet From The North Line and 1140 Feet From The West Line of Section 22 Township 28N Range 4W , NMPM, Rio Arriba 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twp. 28N	Rge. 4W	Is gas actually connected? NO	When Approved 60 days

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4/8/78	Date Compl. Ready to Prod. 5/19/78		Total Depth 4500'		P.B.T.D. 4438'			
Elevations (DF, RKB, RT, GR, etc.) 7281' GL, 7291' KB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 4196'		Tubing Depth 4375'			
Perforations 4196-4200, 4208-30, 4272-90, 4301-4356					Depth Casing Shoe 4500'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		305'		250 SX			
7-7/8"	4-1/2"		4500'		1175 SX			
	2-3/8"		4375'					

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 24 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 2572	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1059	Casing Pressure (shut-in) 1076	Choke Size .75"

VI. CERTIFICATE OF COMPLIANCE

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 belief.

Original Signed By
E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

7/12/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed 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 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.