Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANSPORT O	IL AND NATURAL GAS	
Operator	Attention	:	Well API No.
Amoco Production Company	Bo	obbe Bren- Carley	3003925278
Address			
P.O. Box 800 Denve	er Colorado	80201	25778
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate		
f change of operator give name			
f change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name	Well No.   Pool Name, Includ	ing Formation	Kind of Lease State, Federal or Fee Lease No.
Gregory Federal A		anco Mesaverde	State, Federal or Fee NM-14921
Location			
Hoit Letter D	890 Feet From The	North Line and 900	Feet From The West Line
Unit LetterD	890 Feet From The	North Line and 900	Feet From The West Line
Section 27 Township	28N Range 4W	,NMPM,	Rio Arriba County
Section 2. Township	Range W	,141411 141,	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Y	approved copy of this form is to be sent)
Water 900# 2	4888		pprocess copy of managerin is to be being
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)			approved copy of this form is to be sent)
El Paso Natural Gas DAS 2804887 PO Box 4990 Farmington, NM 87499			
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.	l l l l	is gas actually connected.	, when
	t from any other lease or pool, give comm	ingling order number:	
IV. COMPLETION DATA	t from any other sease of poor, give comm	inging order number.	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover I	Deepen   Plug Back   Same Res'v   Diff Res'v
Designate Type of Completion	- (X)		Deepen   Flug Back   Same Res V   Dill Res V
Date Spudded	Date Compl. Ready to Prod.	Total Depth	n n m n
07-20-93		8866'	P.B.T.D.
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation		8084'
7271' Gr	Blanco Mesaverde	Blanco Mesaverde	Tubing Depth
	Bianco Mesaverge	Blanco Wesaverde	6489'
Perforations 6:	304-6498		Depth Casing Shoe
	TUBING, CASING AND		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17.6*	13.375*	413' 4478'	Surface, 620 sx Cl B
12.25" 8.76"	9.625	8363'	Surf. 1st. stg. 390 sx Cl B, 2nd stg. 1165 sx
	2 3/8	6489'	4150', 445 sx , Cl B , 260 sx Cl B.
		8135-8866	
V. TEST DATA AND REQUES			
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 hourstrands.  Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, 457)			
Date I list frew Oil Rull To Talk	Date of Test	rroducing weined ir tow, pump,	
Length of Test	Tubing Pressure	Casing Pressure	flowing Size
Length of 16st	Lucing Licosuit	Cusing 1 icssuite	0CT1 9 1993
Actual Bood During Tret	Oil - Bbls.	Water Dill	
Actual Prod. During Test	Oil - Bois.	Water - Bbls	OIL CON. DIV
		1	
GAS WELL			DIST. ?
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
650	24	0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	300psi	500osi	16/64
VI. OPERATOR CERTIFICAT	TE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil		OIL CONSERVATION DIVISION	
Conservation Division have been complied with and that the		S.E SS. (SERVICION DIVIDION	
information given above is true and complete to the best of my		Date Approved NOV - 3 1993	
Au A II 1		Date Approved	
While Dryn Corley			
Signature Bobbe Bren- Carley	Sr. Admin. Analyst	By ORIGINAL	SIGNED BY ERNIE BUSCH
Printed Name	Title		Or Endir BO2CH
10/15/1993		Title CEPUTY OIL	& Gas inspector, dist. #3
Date	303 830 4542 Telephone No.		
	•	1.1	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such

4) changes.