

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
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

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Richardson Gas Com B	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF077972
Location Unit Letter <u>A</u> : <u>890</u> Feet From The <u>North</u> Line and <u>890</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Casinghead Gas ☒ Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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 Sec. Twp. Rge. Is gas actually connected? When
	<u>A</u> <u>11</u> <u>27N</u> <u>13W</u> <u>Yes</u> <u>8/4/65</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.

BDS Shaw
(Signature)
Admin. Supervisor

1-2-85

(Date)
JAN 03 1985
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED JAN 3 1985

BY Frank J. Shaw

TITLE SUPERVISOR DISTRICT # 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 deviation tests taken on the well in accordance with RULE 1111.
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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐		14. PERMIT NO.		DATE ISSUED	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESV. ☐ Other ☐		15. DATE SPURRED		16. DATE T.D. REACHED	
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
3. ADDRESS OF OPERATOR P. O. Box 480, Farmington, New Mexico		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 890 FNL and 890 FEL At top prod. interval reported below At total depth Same		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
5. FIELD AND POOL, OR WILDCAT Basin Dakota		23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN	
7. UNIT AGREEMENT NAME		27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
8. FARM OR LEASE NAME Richardson Gas Unit "B"		29. LINER RECORD		30. TUBING RECORD	
9. WELL NO. 1		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
10. FIELD AND POOL, OR WILDCAT		33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA NE/4 NE/4 Section 11, T-27-N, R-13-W		35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
12. COUNTY OR PARISH San Juan		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		37. DATE	
13. STATE New Mexico		37. DATE		38. SIGNED	
14. PERMIT NO.		38. SIGNED		39. TITLE	
DATE ISSUED		39. TITLE		40. DATE	
15. DATE SPURRED		40. DATE		41. SIGNED	
16. DATE T.D. REACHED		41. SIGNED		42. TITLE	
17. DATE COMPL. (Ready to prod.)		42. TITLE		43. DATE	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		43. DATE		44. SIGNED	
19. ELEV. CASINGHEAD		44. SIGNED		45. TITLE	
20. TOTAL DEPTH, MD & TVD		45. TITLE		46. DATE	
21. PLUG, BACK T.D., MD & TVD		46. DATE		47. SIGNED	
22. IF MULTIPLE COMPL., HOW MANY*		47. SIGNED		48. TITLE	
23. INTERVALS DRILLED BY		48. TITLE		49. DATE	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		49. DATE		50. SIGNED	
25. WAS DIRECTIONAL SURVEY MADE		50. SIGNED		51. TITLE	
26. TYPE ELECTRIC AND OTHER LOGS RUN		51. TITLE		52. DATE	
27. WAS WELL CORED		52. DATE		53. SIGNED	
28. CASING RECORD (Report all strings set in well)		53. SIGNED		54. TITLE	
29. LINER RECORD		54. TITLE		55. DATE	
30. TUBING RECORD		55. DATE		56. SIGNED	
31. PERFORATION RECORD (Interval, size and number)		56. SIGNED		57. TITLE	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		57. TITLE		58. DATE	
33. PRODUCTION		58. DATE		59. SIGNED	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		59. SIGNED		60. TITLE	
35. LIST OF ATTACHMENTS		60. TITLE		61. DATE	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		61. DATE		62. SIGNED	
37. DATE		62. SIGNED		63. TITLE	
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261. TITLE		286. DATE		287. SIGNED	
262. DATE		287. SIGNED		288. TITLE	
263. SIGNED		288. TITLE		289. DATE	
264. TITLE		289			

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
Sand and Shale	0	1340			
Pictured Cliffs	1340	1485			
Lewis Shale	1485	2224			
Mesaverde	2224	4110			
Mancos	4110	5048			
Gallup	5048	5406			
Base Gallup	5406	5802			
Greenhorn	5802	5864			
Graneros Shale	5864	5912			
Graneros Dakota	5912	5986			
Main Dakota	5986	6111			