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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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, NM 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 C. A. McAdams "D"	Lease No.	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>G</u> , <u>1950</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>27N</u> Range <u>10W</u> , NMPL, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☐ or Condensate ☒ Gary Energy Corp. Inghed Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company If well produces oil or liquids, give location of tanks. Unit <u>20</u> Sec. <u>27N</u> Twp. <u>10W</u> Is gas actually connected? <u>No</u> When	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489 Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico	
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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 10/28/65	Date Compl. Ready to Prod. 11/23/65	Total Depth 6562	P.B.T.D. 6530					
Elevations (DT, RKB, RT, GR, etc.) 6201 RDB, 6189 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6388	Tubing Depth 6410					
Perforations 6388-98, 6421-29, 6475-6486			Depth-Casing Shoe 6562					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	370	220 Sacks					
7 7/8"	4 1/2"	6562	1500 Sacks					
	2 3/8"	6410						

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 5071	Length of Test 3 hrs.	Bbls. Condensate/LMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure 409	Casing Pressure 844	Choke Size 3/4"

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.

B. Shaw
Signature

Admin. Supervisor

11-1-84
Date

OIL CONSERVATION COMMISSION

APPROVED

NOV 20 1984

BY

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with NMB 1100.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a resolution of the deviation tests taken on the well in accordance with NMB 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 IV for changes of owner, well name or number, or transporter, or other such change of condition.