

## OIL CONSERVATION DIVISION

Form O-104  
Revised 10-1-78P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |
|--|---|
| OPERATOR                                     |   |
| Amoco Production Company                     |   |
| Address                                      |   |
| 501 Airport Drive, Farmington, NM 87401      |   |
| Rebbon(s) for filing (Check proper box)      |   |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of:               |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/>            |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |
|  | Dry Gas <input type="checkbox"/>        |
|  | Condensate <input type="checkbox"/>     |
| Other (Please explain)                       |   |
| Commingled with Basin Dakota                 |   |

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|                 |          |   |                               |                       |
|-----------------|----------|---|-------------------------------|-----------------------|
| Lease Name      | Well No. | Pool Name, Including Formation                          | Kind of Lease                 | Lease No.             |
| Jack Frost "B"  | 1E       | Angels Peak Gallup                                      | State, Federal or Fee Federal | SF-077951             |
| Location        |          |   |                               |                       |
| Unit Letter     | M        | 615 Feet From The South Line and 810 Feet From The West |                               |                       |
| Line of Section | 27       | Township 27N  | Range 10W                     | NMPM, San Juan 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc.  | P. O. Box 26251, Albuquerque, NM 87125                                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company  | P. O. Box 990, Farmington, NM 87401                                      |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? When  |
| Unit M Sec. 27 Twp. 27N Rge. 10W   | <del>Yes</del> No January, 1982  |

If this production is commingled with that from any other lease or pool, give commingling order number: DHC -384

## 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  | Date Compl. Ready to Proc.  | Total Depth             | P.B.T.D.     |          |        |           |             |              |
| 12-20-80  | 2-3-82                      | 6615'                   | 6566'        |          |        |           |             |              |
| Elevations (DF, RKB, RT, CR, etc.)  | Name of Producing Formation | Top Oil/Gas Pay         | Tubing Depth |          |        |           |             |              |
| 6158' GL  | Gallup                      | 5489'                   | 6509'        |          |        |           |             |              |
| Perforations 5757'-5782' with 2 SPF, a total of 50 .38" holes. 5489'-5497', 5503'-5508', 5590'-5609', 5618'-5623', 5661'-5711' with 2 SPF, a total of 174 .38" holes. |                             | Depth Casing Shoe 6615' |              |          |        |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD  |                             |                         |              |          |        |           |             |              |
| HOLE SIZE   | CASING & TUBING SIZE        | DEPTH SET               | SACKS CEMENT |          |        |           |             |              |
| 12-1/4"   | 9-5/8"                      | 300'                    | 300 sx       |          |        |           |             |              |
| 8-3/4"  | 7"                          | 6615'                   | 1800 sx      |          |        |           |             |              |
|   | 2-3/8"                      | 6509'                   |              |          |        |           |             |              |

## 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, etc.) | RECEIVED<br>JAN 3 1983<br>OIL CON. DIV.<br>DIST. 3 |
| Length of Test                  | Tubing Pressure | Casing Pressure                     |  |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                       |  |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 226                              | 288 hours                 | 2.15/day                  | 55 (est.)             |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| Back pressure                    | 457 psig                  | 457 psig                  | Open                  |

## 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 above is true and complete to the best of my knowledge and belief.

Original Signed By  
B.T. Roberson

(Signature)

Administrative Supervisor

(Title)

12-30-82

## OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

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.



OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form 10-1  
Revised 1-1-82

|                   |     |
|-------------------|-----|
| NO. OF COPIES     |     |
| DISTRICT          |     |
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐ Commingled with Basin Dakota

Recompletion ☐ Oil ☐ Condensate ☐

Change in Ownership ☐ Casinghead Gas ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |                        |
|---|----------------|--|--|------------------------|
| Lease Name<br>Jack Frost "B"  | Well No.<br>1E | Pool Name, including Formation<br>Angels Peak Gallup | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>SF-077951 |
| Location<br>Unit Letter M ; 615 Feet From The South Line and 810 Feet From The West |                |  |  |                        |
| Line of Section 27 Township 27N Range 10W, NMPM, San Juan 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc.  | P. O. Box 26251, Albuquerque, NM 87125                                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company  | 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                      |
|  | M 27 27N 10W Yes No January, 1982  |

If this production is commingled with that from any other lease or pool, give commingling order number: DHC -384

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<br>12-20-80  | Date Compl. Ready to Prod.<br>2-3-82  | Total Depth<br>6615'     |          | P.B.T.D.<br>6566'     |        |                            |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>6158' GL  | Name of Producing Formation<br>Gallup | Top Oil/Gas Pay<br>5489' |          | Tubing Depth<br>6509' |        |                            |             |              |
| Perforations 5757'-5782' with 2 SPF, a total of 50 .38" holes. 5489'-5497', 5503'-5508', 5590'-5609', 5618'-5623', 5661'-5711' with 2 SPF, a total of 174 .38" holes. |                                       |                          |          |                       |        | Depth Casing Shoe<br>6615' |             |              |
| TUBING, CASING, AND CEMENTING RECORD  |                                       |                          |          |                       |        |                            |             |              |
| HOLE SIZE   | CASING & TUBING SIZE                  | DEPTH SET                |          | SACKS CEMENT          |        |                            |             |              |
| 12-1/4"   | 9-5/8"                                | 300'                     |          | 300 sx                |        |                            |             |              |
| 8-3/4"  | 7"                                    | 6615'                    |          | 1800 sx               |        |                            |             |              |
|   | 2-3/8"                                | 6509'                    |          |                       |        |                            |             |              |

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, etc.) |
|                                 |                 |                                     |
| Length of Test                  | Tubing Pressure | Casing Pressure                     |
|                                 |                 |                                     |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                         |
|                                 |                 |                                     |

RECEIVED  
JAN 03 1983  
OIL CON. DIV.  
DIST. 3

GAS WELL

|   |                                       |                                       |                                    |
|---|---------------------------------------|---------------------------------------|------------------------------------|
| Actual Prod. Test-MCF/D<br>226                    | Length of Test<br>288 hours           | Bbls. Condensate/MMCF<br>2.15/day     | Gravity of Condensate<br>55 (est.) |
| Testing Method (pilot, back pr.)<br>Back pressure | Tubing Pressure (Shut-in)<br>457 psig | Casing Pressure (Shut-in)<br>457 psig | Choke Size<br>Open                 |

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 above is true and complete to the best of my knowledge and belief.

Original Signed By  
B.T. Roberson

(Signature)

Administrative Supervisor

(Title)

12-30-82

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 3 1983  
By FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

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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 Form O-104 must be filed for each pool in multiple.

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