

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION 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

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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
J.C. Gordon "D"  
Well No.  
5E  
Pool Name, including Formation  
Basin Dakota  
Kind of Lease  
State, Federal or Fee  
Federal  
SF-  
077952  
Location  
Unit Letter  
N  
1850 Feet From The  
South Line and  
1850 Feet From The  
West  
Line of Section  
24  
Township  
27N  
Range  
10W  
NMPM,  
San Juan  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Plateau, Inc.  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 489, Bloomfield, New Mexico 87413  
Name of Authorized Transporter of Gashead 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, New Mexico 87499  
If well produces oil or liquids,  
give location of tanks.  
Unit  
N  
Sec.  
24  
Twp.  
27N  
Rge.  
10W  
Is gas actually connected?  
No  
When

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.

Original  
D.D. LARSON  
(Signature)

District Administrative Supervisor  
(Title)

December 16, 1983  
(Date)

OIL CONSERVATION DIVISION  
DEC 20 1983

APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

| 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 Prod.  |          |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| 9-5-83   |  | 9-28-83                     |          |          | 6717'           |          |        | 6676'             |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   |  | Name of Producing Formation |          |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |              |
| 6235' GR   |  | Basin Dakota                |          |          | 6464'           |          |        | 6585'             |             |              |
| Perforations 6464'-6482', 6498'-6504', 6516'-6522', 6557-6596', 2 jspf, .38" in diameter 138 holes total |  |                             |          |          |                 |          |        | Depth Casing Shoe |             | 6717'        |
| RUNNING AND CEMENTING RECORD   |  |                             |          |          |                 |          |        |                   |             |              |

#### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12-1/4"   | 8.625" 24# K-55      | 331'      | 500          |
| 7-7/8"    | 4.5" 10.5# K-55      | 6717'     | 1550         |
|           | 2-3/8"               | 6585'     |              |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 189 MCF                          | 3 HRS.                    |                           |                       |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| Back Pressure                    | 1342 psig.                | 1342 psig.                | .75                   |