

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
STATE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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

RECEIVED
JAN 02 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead 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 C.A. McAdams B	Well No. 1E	Pool Name, including Formation Angel Peak Gallup	Kind of Lease State, Federal or Fee Federal	SF Lease No. 077 941-A
Location Unit Letter <u>M</u> : <u>1090</u> Feet From The <u>South</u> Line and <u>930</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>27N</u> Range <u>10W</u> , NMPLM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 87499
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>12</u> Twp. <u>28N</u> Rge. <u>13W</u>	Is gas actually connected? <u>No</u> 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.

D. D. Lawton
(Signature)
Adm. Supervisor
(Title)
December 27, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 01 1986
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 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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.				
6-15-85	8-6-85		6618'		6605'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6060' GR	Gallup		5376'		5806'				
Perforations						Depth Casing Shoe			
5376'-5400', 5476'-5496', 5546'-5600', 5642'-5670', 5794'-5802'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" 36# K-55	405'	325 cu. ft.
8 3/4"	7" 23# K-55	6618'	2496 cu. ft.
	2 3/8"	5806'	

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.)	
8-6-85	12-19-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	110 psig	110 psig	48/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	42	16	79

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size