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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

CONFIDENTIAL

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Amoco Production Company		Attention: Lori Arnold	Well API No. 3004529067
Address P.O. Box 800 Denver Colorado 80201			
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bolack Com 13358	Well No. #1	Pool Name, Including Formation Fulcher Kutz Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078306A
Location Unit Letter B 1020 Feet From The FNL Line and 1850 Feet From The FEL Line Section 2 Township 27N Range 11W ,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 type="checkbox"/> Water 2809571	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas 2809571	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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 01-26-94	Date Compl. Ready to Prod. 03-22-94	Total Depth 2070'		P.B.T.D. 2018'				
Elevations (DF, RKB, RT, GR, etc.) 5957' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pav 1820'		Tubing Depth 1814'				
Perforations 1890' - 1820'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8.625"	DEPTH SET 268'		SACKS CEMENT 200 Sxs Cl B (Cement to Surface)				
7-7/8"	5.5"	2083'		225 Sxs lead slurry, Tail w/110 Sxs Cl B etc				
	2 3/8	1814						

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 depth)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size APR 06 1994
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF CON. DIV. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 217 mcf/d	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) flowing	Tubing Pressure (Shut-in) 5 psi	Casing Pressure (Shut-in) 150 psi	Choke Size .5 inches

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify 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

Signature
Lori Arnold

Business Analyst

Printed Name

Title

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 13 1994**

By **Original Signed by FRANK T. CHAVEZ**

Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such
- 4) changes.