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

Amoco Production Company

Address
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Utz Deep Gas Com "D"	1E	Basin Dakota	Federal	SF077383A

Location
Unit Letter J : 1670 Feet From The South Line and 830 Feet From The East

Section 27 Township 28N Range 10W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent)
4775 Indian School Rd, NE, Albuquerque, NM 87110

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
Southern Union Gas Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1899 Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	27	28N	10W	No	

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

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.
5-17-80	6-5-80	6476'	6426'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5506' GL	Dakota	6245'	6374'
Perforations			Depth Casing Shoe
6335-6552', 6245-6254', 6303-6349'			6476'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.0#	295'	300
7-7/8"	4-1/2", 10.5#	6476'	1565
	2-3/8"	6374'	

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)

OIL WELL

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
388	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	902 PSIG	889 PSIG	.75

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.

(Signature)

Administrative Supervisor
(Title)

11-6-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1980, 19

Original Signed by CHARLES GHOLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiply completed wells.