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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-1
Effective 1-1-65

Amoco Production Company

501 Airport Drive Farmington, NM 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Y. L. Rhodes "C"	87 080844	2	Basin Dakota	State, Federal or Fee Federal
Location				
Unit Letter	P	1160	Feet From The East Line and 960	Feet From The South
Line of Section	30	Township	28-N	Range 11-W, NMPM, San Juan County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Gary Energy Corp.				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒				P. O. Box 489 Bloomfield, NM 87413	
El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent)	
Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	P	30	28-N	11-W	☒

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-11-66	10-16-66	6562'	6486'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6038' RKB	Dakota	6327'	6365'					
Perforations	Depth Casing Shoe							
6490-6500', 6442-6468', 6364-6374', 6308-6396'	6562'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	340'	225					
7-7/8"	4-1/2"	6562'	1700					
	2-3/8"	6365'						

III. 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, 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
2330	3 hr.		
Testing Method (Pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	187 psig	536 psig	3/4"

I. 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

Admin. Supervisor

11-1-84

Date

OIL CONSERVATION COMMISSION

APPROVED

NOV 2 1984

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BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with NMB 1100.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with NMB 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 IV for changes of own well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.