

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATION	
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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

RECEIVED  
NOV 16 1987

I. Operator  
Amoco Production Company

Address  
2325 E. 30th Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain) OIL CON. DIV. DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name G.L. Davies	Well No. 1E	Pool Name, including Formation Amarillo Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0309374
Location				
Unit Letter <u>K</u> : <u>1570</u> Feet From The <u>South</u> Line and <u>1680</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>28N</u> Range <u>13W</u> , NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EPNG	Caller Service 4990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>27</u> Twp. <u>28N</u> Rge. <u>13W</u>	No

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-675

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.

BSShaw

(Signature)

Admin. Supervisor

(Title)

November 16, 1987

(Date)

OIL CONSERVATION DIVISION

NOV 16 1987

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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 multiply 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.			
02-20-85	02-20-86		6400'			6356'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5993' GR	Gallup 5288'		5288'			6253'			
Perforations 5526' - 5546', 5546' - 5566', 5308' - 5318', 5358' - 5366', 5456' - 5466, 5466' - 5486', 5486' - 5506, 5506' - 5526'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8" 32.3# H40		437'		271 cf			
7-7/8"		4-1/2" 10.5# K55		6400'		2779 cf			
		2-3/8"		6253'					

#### 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.)	
02-20-86	02-21-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	50	180	3/8"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	23	7	43

#### 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