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
Effective 1-1-65

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

Amoco Production Company

501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Valencia Gas Unit "B"	1	Basin Dakota	State, Federal or Fee Fee

Location
Unit Letter O : 940 Feet From The South Line and 1670 Feet From The East
Line of Section 18, Township 29N Range 9W, NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ — Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corp. — P. O. Box 489 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ — Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company — P. O. 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	18	29N	9W	[illegible]	

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

III. 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.
5-10-65	6-21-65	6590	6583
Pool	**Name of Producing Formation**	**Top Gas Pay**	**Tubing Depth**
Basin	Dakota	6402	6419
Perforations 6570-78 with 4 shots per foot; 6474-86, 6490-6504 with 2 shots per foot; 6402-08, 6420-26 with 4 shots per foot.			Depth Casing Shoe 6590

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4"	319	300 sacks
9-7/8"	7-5/8"	2300	600 sacks
6-3/4"	4-1/2"	6590	475 675 sacks
	2"	6419	

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)

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
4969	3 hours	—	—
Testing Method (pitot, back pr.)	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Back pressure	401	1121	3/4"

VI. 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.

B.D. Shaw
Signature
Admin. Supervisor
11-1-84
Date

NOV 26 1984
OIL CON. DIV.
DIST. 3

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1984, 19
BY [signature]
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 Sections I, II, III, and VI only 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.