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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Replaces Old C-104 and C-110
Effective 1-1-65

I. Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Other (Please explain)
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **Original hook-up for condensate**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. G. Cole	Well No. 1	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Free Federal SF	Lease No. 077091
Location Unit Letter N 805 Feet From The South Line and 1650 Feet From The West Line of Section 15 Township 29-N Range 9-W , 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 checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401
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	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 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 - Bbls.
GAS WELL		Bbls. Condensate/MMCF	Grade of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)		

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.

[Signature]
(Signature)

Area Administrative Supervisor
(Title)

June 8, 1973
(Date)

OIL CONSERVATION COMMISSION
JUN 11 1973, 19
APPROVED
BY **Original Signed by Jerry C. Arnold**
TITLE **SUPERVISOR 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.



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SUPERVISOR DIST. 3



LTR



Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please Specify)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input checked="" type="checkbox"/> Condensate

RECEIVED

FEB 15 1985

If change of ownership give name and address of previous owner _____

OIL CONSERVATION DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>H. G. Cole</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blanco Pictured Cliffs</u>	Kind of Lease State, Federal or Free Federal	Lease No. <u>SE077091</u>
Location Unit Letter <u>N</u> : <u>805</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>15</u> Township <u>29 N</u> Range <u>9 W</u> N.M.P.L. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of form is to be sent)
<u>Permian Corp. Permian (EN. 9 / 1 / 87)</u>	<u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of form is to be sent)
<u>E-I Paso Natural Gas Company</u>	<u>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>N 15 29 N 9 W</u>	

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

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.

B. D. Shaw

(Signature)

Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 15 1985
BY Frank J. O'Connell
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a new well 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 change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

