

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

I. Operator
Amoco Production Co.
Address
501 Airport Drive, Farmington, N M 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Trigg Fed. Gas Com B</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Foreign <u>Federal</u>
Location Unit Letter <u>I</u> : <u>2105'</u> Feet From The <u>South</u> Line and <u>875</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>29N</u> Range <u>9W</u> , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>Permian Corporation</u> (Eff. 9/1/87)	Address (Give address to which approved copies of this form is to be sent) <u>P.O. Box 1702, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copies of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>15</u> Twp. <u>29N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When

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.

BDS Shaw
(Signature)

Adm. Supervisor
(Title)

8-16-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 22 1985
BY Original Signed FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for newly drilled or deepened well, this form must be accompanied by a calculation 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 IV 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
Date Spudded 6-15-85	Date Compl. Ready to Prod. 7-31-85		X	X		
Elevations (DF, RKB, RT, GR, etc.) 6483' GR	Name of Producing Formation Dakota	Total Depth 7584'				
Perforations 7540'-7548', 7376'-7392', 7462'-7484', 7506'-7522	Top Oil/Gas Pay 7376'					
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
12-1/4"	9-5/8", 36#, K55	346'	32	cf		
8-3/4"	7", 20#, J55	2940'	99	cf		
6-1/4"	4-1/2", 11.6#, J55	7584'	65	cf		
	2-3/8"	7526'				

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL		(Test must be after recovery of total volume of load oil and available 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MVCF	Grav
2725	3 hrs.		Condensate
Flow Method, (Flow, back prod., Back Pressure)	Flow Pressure (psig)	Casing Pressure (psig)	Choke
	1855 psig	1860 psig	5"