

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
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 <b>Amoco Production Company, Inc.</b>	
Address <b>501 Airport Drive, Farmington, New Mexico 87401</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	FEB 25 1985 <b>OIL CON. DIV.</b> <b>DIST. 3</b>
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	
If change of ownership give name and address of previous owner _____	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Moss Federal G C "A"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>J</b> : <b>1690</b> Feet From The <b>South</b> Line and <b>1730</b> Feet From The <b>East</b>					
Line of Section <b>23</b> Township <b>29N</b> Range <b>10W</b> , NMPM, <b>San Juan</b> 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 this form is to be sent)
<b>Permian Corporation</b> <b>Permian (EL 9/1/87)</b>	<b>PO Box 1702, Farmington, New Mexico 87499</b>
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 this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>PO Box 990, Farmington, New Mexico 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>J</b> Sec. <b>23</b> Twp. <b>29N</b> Rge. <b>10W</b>	<b>No</b>

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.

Original Signed By  
**B. D. Shaw**

(Signature)

Administrative Supervisor

(Title)

2-21-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED **FEB 25 1985**BY **Original Signed by 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 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.

# COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rekey	Diff. Prod.
		X						
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
4-6-84	4673'		4550'					
Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
5610' KB	3820'		4510'					
3844-3820, 3925-3921, 3936-3931, 3971-3968, 4027-4021, 4056-4044, 4132-4116, 4247-4241, 4320-4311, 4337-4330, 4393-4388, 4463-4456, (cont.)							Depth Casing Shoe	
							4672'	

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	327'	354 c.f. Class B Neat
7-7/8"	4-1/2"	4672'	2630 c.f.
	2-3/8"	4510'	

## 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Shut-in 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/MCF	Gravity of Condensate
1368	3 hrs.		
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	988 psig	988 psig	.75"

Perforations: 4491-4488, 2 js pf, .33",