

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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
Amogo Production Company

Address
2325 E. 30th, Farmington, NM 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Dry Gas
☐ Casinghead Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Gas Com BR	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>A</u> : <u>810</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>29N</u> Range <u>10W</u> , NMPL, 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"/> Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Caller Service 4990, Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 2	Twp. 29N	Range 10W	Is gas actually connected? No	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 Law

Administrative Supervisor

November 2, 1987

(Date)

NOV 03 1987
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED NOV 03 1987
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Full Rest'v.
			X	X					
Date Spudded 09/30/85	Date Compl. Ready to Prod. 09/22/87		Total Depth 7124'			P.B.T.D. 7115'			
Elevations (DF, RKB, RT, GR, etc.) 6008' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6852'			Tubing Depth 7070'			
Perforations 6984-6998 7002-7012 7030-7040 7060-7090			6928-6964 6852-6860			Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12-1/4"	9-5/8" 36# J55			310'			307 CF		
8-3/4"	7" 20# J55			2930'			490 CF		
6-1/4"	4-1/2" 11.6# J55			7124'			532 CF		
	2-3/8"								

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.)	
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 2951	Length of Test 3 HR	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot back pr.) Back Pressure	Tubing Pressure (Shut-in) 1373	Casing Pressure (Shut-in) 1463	Choke Size .75