

CORRECTED COPY

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

I. Operator **AMOCO PRODUCTION COMPANY**

Address **501 Airport Drive, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Rosa Unit</b>	Well No. <b>54</b>	Pool Name, Including Formation <b>Resin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No.
Location				
Unit Letter <b>K</b>	<b>1585</b>	Feet From The <b>South</b> Line and <b>1575</b>	Feet From The <b>West</b>	
Line of Section <b>36</b>	Township <b>31-N</b>	Range <b>5-W</b>	NMPM, <b>Rio Arriba</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>Pigdon, Inc.</b>	<b>P. O. Box 108, Farmington, New Mexico 87401</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit <b>K</b> Sec. <b>36</b> Twp. <b>31N</b> Rge. <b>5W</b>	Is gas actually connected? <b>No</b>	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 <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>8-20-73</b>	Date Compl. Ready to Prod. <b>9-26-74</b>	Total Depth <b>8550'</b>	P.B.T.D. <b>8460'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>6800' GL, 6813' RB</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>8328'</b>	Tubing Depth <b>8257'</b>					
Perforations <b>8328-8435' x 1 SPF</b>			Depth Casing Shoe <b>8550'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>15"</b>	<b>10-3/4"</b>	<b>311'</b>	<b>300 sz</b>					
<b>9-7/8"</b>	<b>7-5/8"</b>	<b>4035'</b>	<b>800 sz</b>					
<b>6-3/4"</b>	<b>4-1/2"</b>	<b>8550'</b>	<b>600 sz</b>					
	<b>2-3/8"</b>	<b>8257'</b>						

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-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<b>Test Separator</b>	<b>1150</b>	<b>80</b>	<b>3/4"</b>

## 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.

G. L. Hamilton  
(Signature)

Area Administrative Supervisor  
(Title)

November 25, 1974  
(Date)

OIL CONSERVATION COMMISSION

NOV 27 1974

APPROVED

Original Signed by Emory C. Arnold

BY

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.