Sebmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

1'.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

· ·	10 18	MNSPOHT OIL	AND NATURAL GAS	Well Al'I No.	 j	
Operator AMOCO PRODUCTION	1 COMPANY			30-039-25143		
\ddress		201				
P.O. BOX 800, DE leason(s) for l'iling (Check proper box)		201	Other (Please explain)		
New Well XX		in Transporter of:				
Recompletion []		Dry Gas				
Change in Operator	Casinghead Gas	Condensate [
change of operator give name nd address of previous operator						
I. DESCRIPTION OF WELL	L AND LEASE		<i>i</i>			
Lease Name	Well N		_	Kind of Lease	Lease No.	
ROSA UNIT	119	BASIN DAKO)TA	XXX, Federal XXVX		
Location				. .	T.T	
Unit Letter N	:985 '	Feet From The	S Line and 1055	Feet From The	W Line	
Section 18 Towns	ship 31N	Range 5W	, NMPM, SAN	JUAN .	County	
II. DESIGNATION OF TRA			RAL GAS	h	n to be rent?	
Name of Authorized Transporter of Oil	or Com	densate	Address (Cive address to which	ch approved copy of this form i	s to be setuj	
Name of Authorized Transporter of Cas	singhead Gas []	or Diy Gas [XX]	Address (Give address to which	ch opproved copy of this form i	s to be sent)	
NII) Pinolimo.	Conn.	, - 622		00, Sait Lake		
If well produces oil or liquids,	Unit Sec.	Twp. Rgc.	Is gas actually connected?	When 7	84 158	
give location of tanks.	ii	ll			<u> </u>	
f this production is commingled with the	nat from any other lease	or pool, give comming	ling order number:			
IV. COMPLETION DATA	1200	/-II	New Well Workover	Deepen Plug Back Sau	ne Res'v Diff Res'v	
Designate Type of Completic)n - (X) Oit w	/ell Gas Well X	New Well Workover	Deeben 1 mg pack (5an	le Kesv Dill Kesv	
Date Spudded	Date Compl. Read		Total Depth	P.B.T.D.		
11/1/91	12/18/91		8163'	l l	8112'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Fay	Tubing Depth		
6336' GR	DAKOTA	·	7888'		926'	
Perforation: 7888 - 7908	.50 m dia			Depth Casing Sh	o c .	
See Attached 7936	-1964 ,5	o in diam	112 Shotz			
11015.075			CEMENTING RECORD		KS CEMENT	
HOLE SIZE	CASING & TUBING SIZE 9 5/8"		DEPTH SET		75 sx Cl B	
12 1/4" 8 3/4"	7"		3888'		20 sx 65/35 &	
8 3/4	2 3/8"		7926'	Cl G (1st	stg)	
	4 1/2"		8161'	980 sx 65	/35 & C1 G	
V. TEST DATA AND REQU	JEST FOR ALLO			(2nd stg)		
	er recovery of total volu	une of load oil and mus	t be equal to or exceed top allo	mable for this depth or be for f	idl 24 hows.)	
Date First New Oil Run To Tank	Date of T	ECELVI	P. Cing Method (Flow, pw	mp, gas iyi, etc.)	The stier.	
Length of Test	Tubing Persone	, , , , , , , , , , , , , , , , , , , 	Cashing Pressure	Choke Size		
Length of Test	Tuoing Party	IAN 61992	Cassing Treasure		⁹³	
Actual Prod. During Test	Oil - Bbls.	JAN 61992	Water - Bbls.	DE 2 3 991	Par at	
Ü	Ol	L CON. DI	Y	01001		
GAS WELL		DIST. 3		OIL CON. DI	V. 3	
Actual Prod. Test - MCI/D	Length of Test		lible. Condensate/MMCF	Details of Cond	lensate ,	
894	6		-0-	-0-	Ĭ.	
Festing Method (pitot, back pr.)	Tubing Pressure (Sliut-in)	Casing Pressure (Shut-in)	Choke Size		
Flowing	420		1140	1	i+	
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANCE		ICEDI/ATION DI	VICIONI	
I hereby certify that the rules and r			OIL CON	ISERVATION DI	AIDIOIA	
Division have been complied with is true and complete to the best of				JAN 03 1	9 92	
is true and complete to the best of	ing knowledge and belie		Date Approve	d		
Dona [1]	hallow 10	len		1	•	
Signature			By Original Signed by FRANK T. (HAVEZ			
Douglas W. Whaley, Staff Admin. Supervisor						
Printed Name		Title	TitleSU	IPERVISOR DISTRICT	म <i>इ</i>	
12/2019	L (303)	830-4280 Telephone No.				
Date /		rereptione 180.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate From C.104 must be filed for each root in multiply completed wells

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