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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
AMOCO PRODUCTION COMPANY	30-039 25144
Address: P.O. BOX 800, DENVER, COLORADO 80201	

Reason(s) for Filing (Check proper box)

New Well XXX
Recompletion ☐
Change in Operator ☐
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rosa Unit / 3326	125	Basin Dakota	FED	SF-078767

Location

Unit Letter B : 970 Feet From The North Line and 1190 Feet From The East Line

Section 13 Township 31N Range 6W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Water 2806918 ☐	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation 2806914	P.O. Box 58900, Salt Lake City, UT 84158

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-8-91	9-25-92	8242	8230
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6491 GR	Dakota	7942	8046
Perforations			**Depth Casing Shoe**
7942-8174 Dakota			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	416	400 sx Class B
9 7/8"	7 5/8"	4225	1st stg 555 sx, 2nd
	2 3/8"	8046	stg 950 sx
	4 1/2" Liner	8241	875 sx

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 Tank	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

RECEIVED
SEP 29 1992
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	400	1000	

OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature: Cindy Burton/pkw
Cindy Burton, Staff Admin. Supervisor
Name Title
September 28, 1992 303-830-5119
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved Oct 01 SEP 29 1992

By

Title SUPERVISOR DISTRICT #3