

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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SEP 14 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 2325 East 30th Street, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☒ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Condensate ☐ Dry Gas ☐ Corrosive Gas Permanent C104

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Likins Gas Com A	Well No. 4	Pool Name, including Formation Blanco Fruitland	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter: <u>L</u> <u>1820</u> Feet From The <u>South</u> Line and <u>1095</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>30N</u> Range <u>9W</u> N.M.P.M. <u>San Juan</u> 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)
Name of Authorized Transporter of Corrosive Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Caller Service 4490, Farmington, NM 87401
Well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> <u>05/28/87</u> Recomplete from PC

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.

BSShaw

(Signature)

Administrative Supervisor

(Title)

Sept 10, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 14 1987
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, 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 allow-
able 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

Recompletion

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hestv.	Diff. Hestv.
Date Budded		Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
12-12-67		08-04-87			2494'		2390'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
GR 5725'		Fruitland			2214'		2358'		
Perforations							Depth Casing Shoe		
2331' - 2365'; 2214' - 2226'; 2256' - 2282'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	225'	200 sacks
7-7/8"	4-1/2"	2494'	600 sacks
	2-3/8"	2358'	

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

WELL 09/02/87

Actual Prod. Test - MCF/D 167	Length of Test 24 Hour	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot back pr.) Back Pressure	Tubing Pressure (Shut-In) 80	Casing Pressure (Shut-In) 130	Choke Size