

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Dual to Frt coal	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kernaghan LS	Well No. 2A	Pool Name, Including Formation Undes Fruitland	Kind of Lease State, Federal or Fee USA SF	Lease No. 078387A
Location Unit Letter J : 1770 Feet From The South Line and 1825 Feet From The East Line of Section 28 Township 31N Range 8W NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

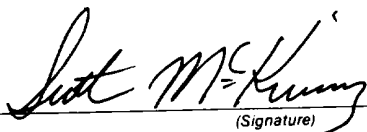
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28
	Twp. 31N	Rge. 8W
	Is gas actually connected?	When
	No	ASAP

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.


(Signature)

Senior Regulatory Analyst

(Title)

11/4/85

(Date)

OIL CONSERVATION DIVISION
DEC 9 1985

APPROVED _____

BY **Original Signed by FRANK J. 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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	XX	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.	XX
Date Spudded	8/29/77	Date Compl. Ready to Prod.	10/24/85	Total Depth	5814' KB	P.B.T.D.	5796' KB	Tubing Depth	3150' KB	Depth Casing Shoe	
Elevations (D.F., RKB, RT, GR, etc.)	6275' GL	Name of Producing Formation	Fruitland Coal	Top Oil/Gas Pay	3002' KB						
Perforations	2 JSPF 63', 126 holes										
	3002-20', 3050-68', 3114-41' KB										
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE	12 1/4"	CASING & TUBING SIZE	9 5/8" csg	242' KB	295 CF						
	8 3/4"		7" csg	3416' KB	286 CF						
	6 1/4"		4 1/2" csg liner	3245-5814' KB	449 CF						
			1 1/4" tbq	3150' KB							

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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	1843	Length of Test	3 hrs	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot back pr.)		Tubing Pressure (Shut-in)	965	Casing Pressure (Shut-in)	1160	Choke Size	3/4"
Back Pressure							



LTR



Job separation sheet

DISTRICT II
P.O. Drawer 12, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amoco Production Company</u>		Well API No.
Address <u>2325 East 30th Street, Farmington NM 87401</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Pool Name Change
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Case # <u>9420</u> Order # <u>R-8768</u>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Kernaghan LS</u>	Well No. <u>2A</u>	Pool Name, Including Formation <u>Basin Fruitland Coal Gas</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>SF-078387A</u>
Location Unit Letter <u>J</u> : <u>1770</u> Feet From The <u>S</u> Line and <u>1825</u> Feet From The <u>E</u> Line Section <u>28</u> Township <u>31N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460, Hobbs NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Caller Service 4990, Farmington NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>28</u>
	Twp. <u>31N</u>	Rge. <u>8W</u>
	Is gas actually connected? <u>Yes</u>	When? <u>2-27-86</u>

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MIMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

B.D. Shaw

Signature
B.D. Shaw Adm. Supv
Printed Name
2-25-89 (505) 325-8841
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 02 1989
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 Form C-104 must be filed for each pool in multiply completed wells.

All distances must be from the outer boundaries of the Section

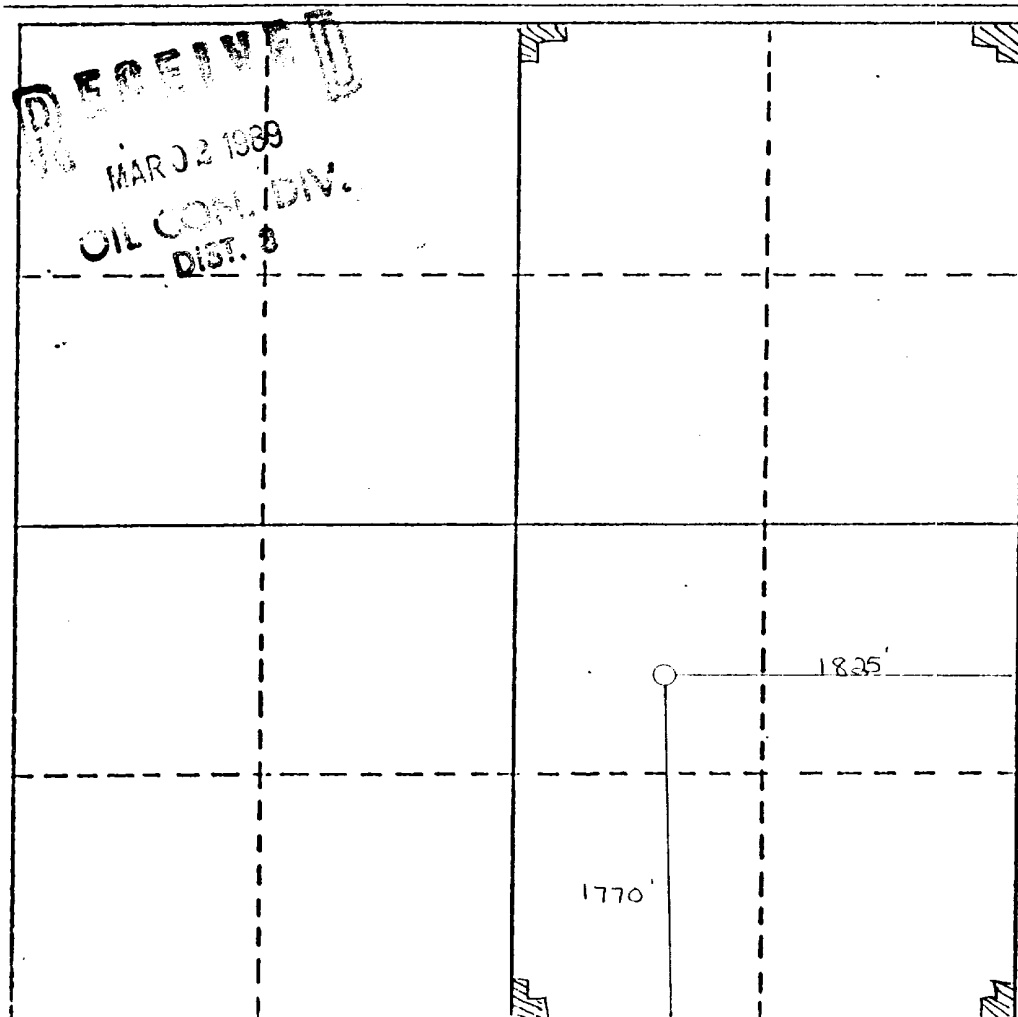
Operator Amoco Production		Lease Kernaghan LS		Well No. 2A
Unit Letter J	Section 28	Township 31N	Range 8W	County San Juan
Actual Wellbore Location of Well:				
1770' feet from the South line and		1825' feet from the East line		
Ground Level Elev. 6275'	Producing Formation Fruitland	Pool Basin Fruitland Coal Gas	Dedicated Acreage 320 E/2 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

B. D. Shaw

Name

B. D. Shaw

Position

Adm. Supv.

Company

Amoco

Date

2-25-89

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

On file

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.

