

DISTRIBUTION

NTA FE

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U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-1

Effective 1-1-65

Operator

AMOCO PRODUCTION COMPANY

Address

501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Elliott Gas Com "H"

1A

Blanco Mesaverde

State, Federal or FeeFederal SF

078139

Location

Unit Letter

0

1020

Feet From The

South

Line and

1590

Feet From The

East

Line of Section

26

Township

30N

Range

9W

, NMPM,

San Juan

County

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)

Plateau, Inc.

P.O. Box 108 Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

P.O. Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

0

26

30N

9W

No

Approx. 90 days

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Rest'v.

Diff. Rest'v.

X

X

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

1/19/78

2/28/78

4920'

4877'

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

5773' GL

Mesaverde

4090'

4801'

Perforations 4090'-4108, 4130-36, 4142-48, 4158-62, 4180-84, 4188-4238, 4250-Depth Casing Shoe

60, 4362-66, 4380-95, 4408-18, 4500-06, 4510-28, 4544-59, 4584-90, 4658-4920'

62, 4666-4700, 4704-10, (over) TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

13-3/4"

9-5/8" Casing

275'

300 sx

8-3/4"

7" Casing

2880'

600 sx

6-1/4"

4-1/2" Casing

2680-4920'

300 sx

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

Back Pressure

576

717

.75

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.

Original Signed By

E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

3/14/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

Original Signed by A. R. Kendrick

TITLE

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.

Section I must be filed for each well to maintain