

**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-11
Effective 1-1-65

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

I. OPERATOR
Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Gas Com "J"	Well No. 1A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. E-5315
Location Unit Letter F ; 1450 Feet From The North Line and 1915 Feet From The West Line of Section 36 Township 30N Range 9W , 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit F Sec. 36 Twp. 30N Rge. 9W	Is gas actually connected? When No Approx. 90 days

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.
		X	X					
Date Spudded 1/11/78	Date Compl. Ready to Prod. 2/28/78	Total Depth 4780'	P.B.T.D. 4746'					
Elevations (DF, RNB, RT, GR, etc.) 5656' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 3948'	Tubing Depth 4643'					
Perforations 3948-66, 3984-88, 4004-08, 4020-24, 4050-96, 4100-06, 4198-4204, 4228-34, 4251-55, 4278-4302, 4360-74, 4378-86, 4446-54, 4460-74, 4500-15, 4532-50, 4554-68, 4571-76, (over)TUBING, CASING, AND CEMENTING RECORD							Depth Casing Shoe 4780'	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13-3/4"	9-5/8" Casing		265'			300 SX		
8-3/4"	7" Casing		2700'			570 SX		
6-3/4"	4-1/2" Casing		2500-4780'			270 SX		
	2-3/8" Tubing		4643'					

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

GAS WELL

Actual Prod. Test - MCF/D 2695	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 699	Casing Pressure (shut-in) 795	Choke Size .75"

VI. 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)

3/15/78
(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.
Separate Form C-104 must be filed for each well to substitute