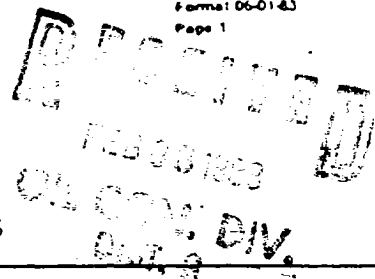


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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U.S.G.A.	
LAND OFFICE	
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



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
2325 E. 30th Farmington, NM 87401

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☒ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Coastinghead Gas	

Other (Please explain)
Well name change for Blanco Fr. & Blanco PC
From: Elliott Gas Com W #1

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

II. DESCRIPTION OF WELL AND LEASE

<u>Lessee Name</u> Elliott Gas Com Y	<u>Well No.</u> 1	<u>Pool Name, including Formation</u> Blanco Fruitland	<u>Kind of Lease</u> State, Federal or Free Fed	<u>Lease No.</u> SE 078139
<u>Location</u>				
<u>Unit Letter</u> H	<u>Feet From The</u> 1570	<u>North</u> Line end	<u>1055</u> Feet From The	<u>East</u>
<u>Line of Section</u> 9	<u>Township</u> 30N	<u>Range</u> 9W	<u>N.M.P.M.</u> San Juan	<u>County</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> Permian Corp	<u>Address (Give address to which approved copy of this form is to be sent)</u> P.O. Box 1702 Farmington, NM 87499
<u>Name of Authorized Transporter of Coastinghead Gas</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>Unit</u> H	<u>Sec.</u> 9
<u>Twp.</u> 30N	<u>Range</u> 9W
<u>Is gas actually connected?</u> No	<u>When</u>

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.

B S Shaw

Adm. Supervisor

February 2, 1988

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

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 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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Res.
			X						X
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
03-18-78	12-30-87			3125'			3082'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6193' GR	Fruitland			2790'			2945'		
Perforations							Depth Casing Shoe		
2912' - 2944' 2790' - 2800'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8"	289'	300 SX
8-3/4"	7"	273'	100 SX
6-1/4"	4-1/2"	3125'	1150 SX
	2-3/8"	2945'	CIBP 2965'

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off 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/MCF	Gravity of Condensate
1-5-88 1.7	24 hour	X	
Testing Method (pilot back pr.)	Tubing Pressure (Ehrt-Lb)	Casing Pressure (Ehrt-Lb)	Choke Size
Back Pressure	360	960	10/64"