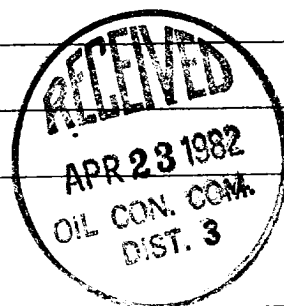


NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator M. R. SCHALK <i>Amoco</i>					
Address P O BOX 25825 ALBUQUERQUE NEW MEXICO 87125					
Reason(s) for filing (Check proper box)					
New Well <input checked="" type="checkbox"/>		Change in Transporter of:		Other (Please explain)	
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	



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

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name HANCOCK GAS COM	Well No. Pool Name, including Formation 1E BASIN DAKOTA	Kind of Lease State, Federal or Fee FEE	
Location			
Unit Letter I	1710 Feet From The SOUTH Line and 890 Feet From The EAST		
Line of Section 15	Township 30N	Range 12W	County SAN JUAN

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU INC.		P O BOX 26251 ALBUQUERQUE NM 87125	
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 I	Sec. 15	Twp. 30N
			Pge. 12W
			Is gas actually connected? NO
			When ---

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

V. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res't.		Diff. Res't.	
Designate Type of Completion - (X)		X		X		X											
Date Spudded 1/13/82		Date Compl. Ready to Prod. 3/3/82		Total Depth 6600'		P.B.T.D. 6556'											
Elevations (DF, RKB, RT, GR, etc.) 5634' GR		Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6452'		Tubing Depth 6515'											
Perforations 6452' - 6517' 94 SHOTS						Depth Casing Shoe 6606'											
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
12 1/4"		8 5/8" CASING		324'		210											
7 7/8"		5 1/2" CASING		6606'		325, 375, 415											
		2 3/8" TUBING		6515'													

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.	
				Choke Size	
				Gas-MCF	

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D 1048		Length of Test 3 hrs		---	
Testing Method (pilot, back pr.) BACK PRESSURE		Tubing Pressure (Shut-in) 1500		Casing Pressure (Shut-in) 1660	
				Choke Size 3/4"	

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.

Steve Schalk
(Signature)
AGENT
(Title)
4/21/82
(Date)

OIL CONSERVATION COMMISSION
APPROVED *APR 23 1982*
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT #3
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 Forms C-104 must be filed for each pool in multiply completed wells.

