DISTRIBUTION FILE U.S.G.S. LAND OFFICE TRANSPORTER

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-63

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GAS						
PROBATION OFFICE					•	
AMOCO PRODUCT	TION COMPANY					
501 AIRPORT I	ROAD FARMINGTO	N NE	W MEXICO 874	01	•	
Reason(s) for filing (Check proper box)			Other (Please	explain)		
New Well	Change in Transporter of:	Dry Gas				*.
Recompletion Undership Change in Ownership	Casinghead Gas	Condens	7			
f change of ownership give name and address of previous owner	M.R. SCHALK P	о вох	25825 / ALBU	IQUERQUE	NM 87125	
DESCRIPTION OF WELL AND I	LEASE Well No.; Pool Name, Inc	inding Fo	rmation	Kind of Lease		Lease No.
DANBURG GAS COM 'B'	1E BASIN			State, Federal	or Fee FEE	
Unit Letter A: 79	0 Feet From The NOR	TH Line	and 790	_ Feet From T	he <u>EAST</u>	
Line of Section 21 Tow	waship 30N Ro	inge <u>1</u>	2W , NMPM,	SAN JU	AN	County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATUR	RAL GAS	Andress (Give address to	which approve	ed copy of this form is t	o be sent)
Nome of Authorized Transporter of Cil X or Condensate PLATEAU INC.			P O BOX 26251 / ALBUQUERQUE NM 87125			
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX			Address (Give address to which approved copy of this form is to be sent)			
EL PASO NATURAL GAS		P.ge.	P O BOX 990 Is gas actually connecte			401
If well produces oil or liquids, give location of tanks.	A 21 30N	12W	NO	· ·		
If this production is commingled wit		or pool, g	vive commingling order	number:	Plug Back Same Res	'v. Diff. Res'v.
Designate Type of Completio		,	l ·	1		· 1
Date Spudded	Date Compl. Ready to Prod.		Tota! Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	vations (DF, RKB, RT, GR, etc., Name of Producing Formation		Top Cil/Gas Pay		Tubing Depth	
Perforations	1				Depth Casing Shoe	
	TUBING, CASI	NG. AND	CEMENTING RECOR	D	<u> </u>	
HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT	
			: 			
					<u> </u>	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test n able for	nust be afi or this dep	ter recovery of total volumenth or he for full 24 hours) 		exceed top attou-
Date First New Cil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift		1, esc.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
ctual Prod. During Test Oil-Bbls.			Water-Bble.		Gas-MCF	
•						8
GAS WELL Actual Prod. Test-MCF/D	Length of Test	•	Bbls. Condensate/MMCI		Gravity of Condensate	<u>, </u>
			Cosing Pressure (Shut-	-(n)	Choke Size	67
Testing Method (publ., back pr.)	Tubing Pressure (Shut-in)			· · · · · · · · · · · · · · · · · · ·		
CERTIFICATE OF COMPLIAN	CE		OIL O	ONSERVA	1982 ^{COMMISSIO}	
I hereby certify that the rules and i	regulations of the Oil Conse	rvation	APPROVED			19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Original Signed by FRANK T. CHAVEZ			
			TITLE SUPERVIS	SOR DISTRICT 新	3	
Original Signed By E. E. SVODODA			This form is to	be filed in c	compliance with RUL	g 1104,
	alwe)		t the form miss	ha accomos	able for a newly drill	Of file Cearming
District Administ	trative Supervisor		tests taken on the	well in accor this form mu	dance with RULE 11 at be filled out compl	1.
MAR 1 6 198210)			able on new and recompleted wells.			
	ole)		well name or numbe	r, or transport	er, or other such chan	ge of condition

Separate Forms C-104 must be fited for each pool in multiply completed wells.

(Dute)

