

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PROBATION OFFICE					
Operator AMOCO PRODUCTION COMPANY					
Address 501 AIRPORT ROAD FARMINGTON NEW MEXICO 87401					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>				Change In Transporter of:	
Recompletion <input type="checkbox"/>				Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input checked="" type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner M.R. SCHALK PO BOX 25825 ALBUQUERQUE NM 87125					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
JOHNSON GAS COM 'B'		1E		State, Federal or Fee FEDERAL	
Location		Pool Name, Including Formation		Lease No.	
Unit Letter E		BASIN DAKOTA		SF 81239	
1670 Feet From The		NORTH Line and		840 Feet From The	
WEST		Line of Section 15		Township 30N	
Range 12W		, NMPM,		SAN JUAN	
County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
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"/>		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	
E 15 30N 12W		NO		-----	
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 Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.		Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	
Top Oil/Gas Pay		Tubing Depth		Perforations	
Depth Casing Shoe		TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
SACKS CEMENT					
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 (pilot, back pr.)		Tubing Pressure (Shut-in)	
Casing Pressure (Shut-in)		Choke Size			
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)					
District Administrative Supervisor					
(Title)					
MAR 16 1982					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED MAR 17 1982					
BY Original Signed by FRANK T. CHAVEZ					
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.					