

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANITARY		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-110  
Effective 1-1-65

Operator M. R. SCHALK <i>Amaco</i>	
Address P O BOX 25825 ALBUQUERQUE NEW MEXICO 87125	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 *M. R. Schalk*

Lease Name JOHNSON GAS COM 'D'	Well No. 1E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF81239
Location Unit Letter <u>E</u> ; <u>1670</u> Feet From The <u>NORTH</u> Line and <u>840</u> Feet From The <u>WEST</u> Line of Section <u>15</u> Township <u>30N</u> Range <u>12W</u> , NMPM, <u>SAN JUAN</u> County				

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

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)			X	X					
Date Spudded 12/15/81	Date Compl. Ready to Prod. 3/25/82	Total Depth 6715'		P.B.T.D. 6669' 6552'					
Elevations (DF, RKB, RT, CR, etc.) 5703' GR	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6528'		Tubing Depth 6614'					
Perforations 6528' - 6626' (2SPF)		Depth Casing Shoe 6709'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"		8 5/8" CASING		326'		300			
7 7/8"		5 1/2" CASING		6709'		305, 280, 285			
		2 3/8" TUBING		6614'					

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 1158	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 2110	Casing Pressure (shut-in) 2110	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE		5-7-82 OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAY 7 1982</u> , 19____	
<i>[Signature]</i> (Signature)		Original Signed by FRANK T. CHAVEZ	
AGENT (Title)		BY _____	
4/21/82 (Date)		TITLE <u>SUPERVISOR DISTRICT #3</u>	
		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.	