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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  
AMOCO PRODUCTION COMPANY  
Address  
501 AIRPORT ROAD FARMINGTON NEW MEXICO 87401  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of: CIL ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change In Ownership ☒

If change of ownership give name and address of previous owner M.R. SCHALK P O BOX 25825 ALBUQUERQUE NM 87125

DESCRIPTION OF WELL AND LEASE  
Lease Name J F BELL Well No. 2E Pool Name, Including Formation BASIN DAKOTA Kind of Lease State, Federal or Fee FEDERAL Lease No. NM 28226  
Location  
Unit Letter P 940 Feet From The SOUTH Line and 1020 Feet From The EAST  
Line of Section 3 Township 30N Range 13W NMPM, SAN JUAN County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
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 ☐ or Dry Gas ☒  
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 P Sec. 3 Twp. 30N Rge. 13W Is gas actually connected? NO When -----

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

COMPLETION DATA  
Designate Type of Completion - (X)  
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 (split, 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 SVOGODA (Signature)  
District Administrative Supervisor (Title)  
MAR 16 1982 (Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed \_\_\_\_\_  
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 filled for each pool in multiply completed wells.