

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11 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					
PRORATION 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 P O BOX 25825 ALBUQUERQUE NEW MEXICO 87125	

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
L.C. KELLY	1E	BASIN DAKOTA	State, Federal or Fee FEDERAL
Lease No.			
SF08123			
Location			
Unit Letter	C	930 Feet From The	NORTH Line and 1700 Feet From The WEST
Line of Section	5	Township	30N Range 12W, NMPM, SAN JUAN County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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.
	C	5	30N
			12W
Is gas actually connected?	When		
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'r. Diff. Res'r.									
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 lost 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		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 JUN 23 1982 Original Signed by CHARLES GHOLSON	
BY Original Signed By B.T. Roberson		BY DEPUTY OIL & GAS INSPECTOR, DIST. #3	
Administrative Supervisor.		TITLE	
June 21, 1982		This form is to be filed in compliance with RULE 1104.	
(Date)		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 multiple completed wells.	