

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company  
Address  
501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.C. Kelly	Well No. 6A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-081239
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Location  
Unit Letter D : 1070 Feet From The North Line and 990 Feet From The West  
Line of Section 11 Township 30N Range 12W , NMPM, San Juan County

III. 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)
Permian Corp.	P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit D	Sec. 11	Twp. 30N	Rge. 12W	Is gas actually connected? No	When
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If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Original Signed By  
D.D. Lawson  
District Administrative Supervisor  
(Signature)  
(Title)  
1/10/85  
(Date)

OIL CONSERVATION DIVISION  
JAN 18 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/10/84	Date Compl. Ready to Prod. 12/16/84		Total Depth 4908'		P.B.T.D. 4844'				
Elevations (DF, RKB, RT, GR, etc.), 5801' GR	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4085'		Tubing Depth 4705'				
Perforations 4498'-4486', 4560'-4534', 4607'-4594', 4678'-4664', 4091'-4085', 4133'-4116', 4148'-4139', 4186'-4159', 4299'-4288'						Depth Casing Shoe 4908'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8", 36#		309'		248 c.f.				
7-7/8"	4-1/2", 10.5#		4908'		1941 c.f.				
	2-3/8"		4705'						

#### V. 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 2681	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1145 psig	Casing Pressure (Shut-in) 1145 psig	Choke Size .75"