## المارين المراجع المراج ENERGY MO MINERALS DEPARTMENT

| DISTRIBUTE       |     |        |          |  |  |
|------------------|-----|--------|----------|--|--|
| BANTA FE         |     |        |          |  |  |
| FILE             |     |        |          |  |  |
| U.S.O.A.         |     |        | L        |  |  |
| LAND OFFICE      |     |        |          |  |  |
| TALMSPORTER      | OIL |        | <u> </u> |  |  |
|                  | -   | $\Box$ |          |  |  |
| OPERATOR         |     |        |          |  |  |
| PROBATION OFFICE |     |        |          |  |  |

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

| PROBATION OFFICE                                | <b>AUTHORIZ</b> | ZATION TO TRA  | NSPO    | RT OIL  | . AND NATUR                  | RAL GAS      |             |                             | and the second s |
|---|-----------------|--|---------|---|------------------------------|--------------|-------------|-----------------------------|--|
| Operated  |                 |  |         |   |                              |              |             | <del></del> -               |  |
| Amoso Production Compan                         | v               |  |         |   |                              |              | -           |                             |  |
| AMOGO Production Compani                        | <u> </u>        |  |         |   |                              |              |             |                             |  |
| 501 Airport Drive, Farmin                       | gton, N         | M 87401  |         |   |                              |              | ₹1 V. 1     |                             |  |
| Reeson(s) for filing (Check proper box)         |                 | , <u>, , , , , , , , , , , , , , , , , , </u>  |         |   | Other (Please                | CEPIGIA)     | A1 .        |                             |  |
| Mem Aoff  | Change In 7     | Transporter of:  | _       | _   |                              |              |             |                             | Ey l   |
| Recumpletion                                    | <u> </u>        | <u> </u>   | J Dry ( |   |                              |              | FEB 1       | 9 (585                      |  |
| Change in Ownership                             | Casing          | head Cas   | Cond    | iensate                                       |                              | , s.         | 1           | A 65 672 5 5 5              |  |
| If change of ownership give name                |                 |  |         |   |                              | 1.7          |             |                             |  |
| and address of previous owner                   | <del> </del>    |  |         |   |                              |              | <del></del> | <del></del>                 |  |
| II. DESCRIPTION OF WELL AND L                   | FASP            |  |         |   |                              |              |             |                             |  |
| Lesse Name                                      | Well No.        | Pool Name, Includi   | ng For  | mation .                                      |                              | Kind of Les  |             | Fodoral                     | Lease No.  |
| Duff Gas Com                                    | 1E              | Basin Dak  | cota    |   |                              | State, Fede  | ral or F    | Federal                     | SF-07792   |
| Location  |                 |  |         |   | ,                            |              |             | East                        |  |
| Unit Letter G: 1770                             | _Feet From      | The North  | _Line   | and   | 1480                         | Feet From    | a The       | East                        |  |
| Only Costs.                                     | _               |  |         |   |                              |              | San J       | uan                         | County   |
| Line of Section 34 Townsh                       | 1p 30N          | Range  | 1.      | <u> 2W                                   </u> | , NUPM                       | •            |             |                             |  |
|   | ~~~ OF O        | T  | DAY (   | CAS   | •                            |              | •           |                             | eg i juga an <b>ar er er</b> er e  |
| M. DESIGNATION OF TRANSPOR                      | 1ER OF O        | IL AND NATU  | KAL     | ADGREEA                                       | (Give address                | to which app | roved cop   | of this form is             | to be sent)  |
| Permian Corporation Perm                        |                 |  |         | P.O.  | Box 170                      | 2, Farm      | ington      | , NM 874                    | 199  |
| Name of Authorized Transporter of Castney       | ead Cas         | or Dry Gas 💢   | 1       | 1 dans  | (Cine address                | to which app | roved cop   | r of thus form us           | to be sent)  |
| El Paso Natural Gas                             |                 |  | .       |   |                              |              | ngton,      | NM 8749                     | 991  |
| If well produces oil or liquids,                | it Sec.         | Twp. Rqe   |         | la gas a                                      | rually connect               | ed?          | When        | • ve                        | and the second   |
| give location of tanks.                         | 34              | 30N · 12   |         |   | No                           |              |             |                             |  |
| If this production is commingled with the       | set from any    | other lesse or p   | ool, g  | ive com                                       | mingling ords                | t unmpeu     |             |                             | ·  |
| NOTE: Complete Parts IV and V or                |                 |  |         |   |                              |              |             |                             |  |
| NOTE: Complete lates it and to                  | . ,             | in a second of the second of t | 11      |   | C11 C                        | יםאכנטע      | ATION       | DIVICIONI                   |  |
| VI. CERTIFICATE OF COMPLIANC                    | E               | · ·  |         | 11-41   | کاال ک<br>ممریء `            | ONSEHV       | AIIUX       | DIVISION.                   | 85   |
| I hereby certify that the rules and regulations | of the Oil Cor  | nservation Division I  | have    | APPR  | OVED                         |              |             |                             | ., 19  |
| been complied with and that the information gr  | ven is true 200 | d complete to the be   | जर of ∥ | •7  |                              | Original     | Signed by   | FRANK T. CH                 | IAV <b>EZ</b>  |
| my knowledge and belief.                        |                 |  |         | BY  |                              | Originas     |             |                             |  |
|   |                 |  | - !!    | TITL  | s                            |              |             | UPERVISOR DIST              | KICI # J   |
| Original Signed By                              |                 |  |         | -   |                              | n he filed ! | n compile   | ance with RU                | LE 1104.   |
| B. D. Shaw                                      |                 |  |         | 7.0   |                              | mest for al  | lowable f   | or a newly dri              | Hed or deepened  |
| Signature                                       |                 |  |         | 11  | this form mus                | I be accou   | d beined    | y a tabulation with RULE 1  | of the deviation   |
| Administrative Supér                            | visor           |  |         | tests   | taken on the<br>Nanctions of | this form    | must be f   | Illed out com               | oletely for allow-   |
| (Tule)  |                 |  |         | able o  | m new and re                 | rcompleted.  | wells.      |                             |  |
| 2/7/85  |                 |  | -       | F   | ill out only                 | Sections L   | II. III.    | and VI for chather such cha | anges of owner, nge of condition.  |
| (Date)  |                 |  | .       | en ii u                                       | ense of number               | s C-104 m    | rust be fi  | led for each                | pool in multiply   |
|   |                 |  | H       |   | sted wells.                  |              |             |                             |  |

\_ ---

10 mg 10 mg

|                                  |  | 4                                   |  |
|----------------------------------|--|-------------------------------------|--|
|                                  |  |                                     | and the second second  |
|                                  |  | ·                                   | •  |
|                                  |  |                                     |  |
|                                  |  |                                     | • •  |
| •                                |  |                                     | Form C-104<br>Revised 10-01-78   |
|                                  |  | •                                   | Format 06-01-83  |
|                                  |  |                                     | Page 2   |
|                                  |  | •                                   |  |
| •                                | •  | •                                   |  |
|                                  | •  | •                                   | and make   |
|                                  | •  |                                     | ر در استوسید شد سیاسه چند را در این از ا<br>این وی از از از این |
| . COMPLETION DATA                |  | and the second second               |  |
|                                  | Ott Well   Cas Well  | New Well Workover Deepen            | Plug Back   Same Ree'v. Diff. Ree'   |
| Designate Type of Completi       | on — (X)   | X                                   |  |
|                                  | Date Compl. Ready to Prod.   | Total Depth                         | P.B.T.D.   |
| one Spudded                      | 1  |                                     | 6604'  |
| 11/20/84                         | 1/7/85   | 6608'                               |  |
| Develone (DF. RKB. RT. GR. etc.) | Name of Producing Formation  | Top OLL/Cas Pay                     | Tubing Depth   |
| caral CD                         | Dakota   | 6396'                               | 6575'  |
| 5772' GR                         |  | Depth Coming Shoe                   |  |
|                                  | 1 CHARL CHARL CERRI-6/1761   | 6520'-6516'                         | 6609'  |
| 657 <b>6</b> -6558', 6410'+6396  | 1, 6424'-6420', 6508'-6476'  | , 0320 03.0                         |  |
|                                  |  | D CEMENTING RECORD                  | SACKS CEMENT   |
| HOLE SIZE                        | CASING & TUBING SIZE   | DEPTH SET                           |  |
| 12-1/4"                          | 8-5/8", 24#  | 316'                                | 295 c.f.   |
| 7-7/8"                           | 4-1/2", 10.5#  | 6609!                               | 3031 c.f.  |
|                                  | 2-3/8"   | 6575                                | , and  |
|                                  | 1  |                                     |  |
| TEST DATA AND REQUEST            | FOR ALLOWABLE (Test must be a shie for this di   |                                     |  |
| one First New Oil Run To Tanks   | Date of Test   | Producing Method (Flow, pump, gas ! | ift, etc.)   |
|                                  | 1  |                                     |  |
|                                  | Tubing Pressure  | Cosing Pressure                     | Choke Size   |
| ength of Teet                    | The state of the s |                                     |  |
|                                  |  |                                     | Goe+MCF  |
| etuci Prod. During Test          | OU-Bhis-   | - Woter-Bhis-                       |  |
| •                                | 1  |                                     | <u> </u>   |
|                                  |  |                                     |  |
| AS WELL                          |  |                                     | To an at section   |
| cruei Prod. Tost-MCF/D           | Length of Test   | Bhis. Condensate/AMCF               | Gravity of Condensate  |
| 1344 1 <del>13118</del> 3        | 3 hrs.   | 168                                 | April.   |
| orting Mothed (piece, back pro)  | Tuking Pressure (ghat-im)  | Cosing Pressure (Shut-in)           | Choke Size   |
|                                  | 1870 psig  | 2010 psig                           | ,75"   |
| Back pressure                    | 1 1010 60.9  | <u> </u>                            |  |