

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Co.		Well API No. 30-045-27760
Address P. O. Box 800, Denver, CO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barrett "A"	Well No. 15	Pool Name, including Formation Basin Fruitland Coal Gas	Kind of Lease <del>State</del> , Federal <del>XXXX</del>	Lease No. SF-0783368
Location Unit Letter <u>L</u> : <u>2090'</u> Feet From The <u>S</u> Line and <u>1040'</u> Feet From The <u>W</u> Line Section <u>20</u> Township <u>31N</u> Range <u>9W</u> , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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) 87499					
<u>El Paso Natural Gas</u>	<u>P.O. Box 4990, Farmington, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7/3/90	Date Compl. Ready to Prod. 1/15/91		Total Depth 3575'		P.B.T.D. 3518'			
Elevations (DF, RKB, RT, GR, etc.) 6579' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3183'		Tubing Depth 3100'			
Perforations See attached					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		270'		185 SX C1. B			
8-3/4"	7"		3127'		486 SX 65/35 C1 B,			
	2-3/8"		3100'		100 SX C1 B tail			
	4-1/2"		2818' - 3572'		200 SX C1 B			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 34	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 40	Casing Pressure (Shut-in) 500	Choke Size .375

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
Doug Whaley, Staff Admin. Supervisor  
Printed Name  
2/26/91  
Date  
(303) 830-4280  
Telephone No.

OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APR 22 1991

Date Approved  
By  
Title  
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Set 4½" 11.6# K-55 Liner, Top set @ 2878', Bottom Set @ 3572'. Cement with 200 sxs Class B Neat.

12/8/90 Run CBL from PBTD to Top of Liner, found cement top @ 3164'.

Perf: 12/8/90 @ 3156' W/2JSPF, .5" diam., 2 shots open.

12/11/90 Pump 100 sxs Class B W/2% CACL2, Disp CMT. Pull up 10ft and Reverse out 12 BBL Cmt. AIR 2 BPM, AIP 500psi.

12/13/90 Cleaned out to 3518'. Run CBL, good cement to 3015', fair cement to 2920'.

12/14/90 Ran Pkr. Set @ 3216', Test to 2100psi to 3518' Held.

Set PKR at 3090', test to 2200psi held. Set PKR @ 2934', Pump 100 sxs Class B W2% CACL at 1600psi and 1 BPM. Displaced with 13.5 BBL fresh water. Cleaned out to 3181'. Land Tubing to 3518'. Circ hole clean. Test casing to 3500psi. Held.

Perf: 12/15/90: 3284'-3297' @ 8 JSPF, .5", 104 shots, open

3320'-3328' @ 8 JSPF, .5", 64 shots, open

3331'-3334' @ 8 JSPF, .5", 24 shots, open

3360'-3375' @ 8 JSPF, .5", 120 shots, open

12/20/90: 3183'-3188' @ 8 JSPF, .5", 40 shots, open

3211'-3217' @ 8 JSPF, .5", 48 shots, open

3222'-3234' @ 8 JSPF, .5", 96 shots, open

3236'-3270' @ 8 JSPF, .5", 272 shots, open

Frac: 12/18/90: Frac down casing with 104,300 gal slick wt, 11,700# 40/70 sand and 69,749# 20/40 sand. AIR 78 BPM. AIP 1500 psi. 3284'-3375'

12/22/90: Frac down casing with 152,500 gal slick wt, 17,100# 40/70 sand and 53,800# 20/40 sand. AIR 99 BPM. AIP 2200 psi. 3183'-3270'