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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICE II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWAB	LE AND AUTHORIZATION
TO TRANSPORT OIL	AND NATURAL GAS

Operator						Well API No.	· ·	
Amoco Production Co.						30-045-27838		
Address								
P. 0. Box 800, Denver	, CO 8	0201						
Reason(s) for Filing (Check proper box)					Other (Please explain)	1		
New Well X			n Tianspoi					
Recompletion	Oil		Dry Ga					
Change in Operator	Casinghea	d Gas 📗] Conden	sate				
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEZ	ASE			2°			
Lease Name			Pool N	ame, Includi	ng Formation	Kind of Lease	Lease No.	
Barrett Gas Com A		1	1		tland Coal Gas	K XIXIe, Federal OCX XXX	SF-078336B	
Location		-	1 5 4 5	111 7 1 W 1	Crana dour das		1	
IZ.	. 181	חי	F . F	73	5 Line and 925!	Feet From The	WLine	
Unit LetterK	_ : <u></u> :	<u> </u>	T Lect Lie	om the	Unc and Jay	rect rom the	WLine	
Section 19 Townshi	p 31N		Range	9W -	, NMPM, Sa	an Juan	County	
				D. B.L. (2011)				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			DNATU		h anneand come of this form	rie to he centl	
Traine of Aumorized Transporter of Oil		or Conde	1124(C		Addiess (Give address to which	н арргочеа сору ој ти јогт	I IS IO DE SENIJ	
Name of Authorized Tennes (CC)	aband Co-		0.5 D	Can FSF	Aildene (Circ - 11	Laurania I Calla C	ile to be south	
Name of Authorized Transporter of Casin	gnead Gas		or Diy	Gas [X]	Address (Give address to which			
Amoco Production Co.	1 11.24	· · · ·	Tax	1	P. O. Box 800,	·	201	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?	en m	
<u> </u>	[]	or lease:	1	_l	ling order number			
If this production is commingled with that IV. COMPLETION DATA	nom any om	ici (Casc ()	i poor, giv	e commingi	ung oract natioet:			
		Oil We	11 1	Gas Well	New Well Workover	Deepen Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion	- (X)	i	i	γ .	l v i i			
Date Spudded	Date Com	pl. Ready			Total Depth	P.B.T.D.		
7/10/90					3660'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		3597 Tubing Depth	
•	1	land			3256'	3240		
6676 GR	<u> </u>	lana '	coai		[3230	Depth Casing S	ilioc	
See attached				i		' ' "		
Jee accuency	·	TUBINO	J. CASII	NG AND	CEMENTING RECORD	·		
HOLE SIZE	-,	CASING & TUBING SIZE			DEPTH SET	······································	CKS CEMENT	
12-1/4"	1	9-5/			270	·····	180 SX Cl B Ashgrove	
8-3/4"		7"			3219'	548 SX C1		
		2-3/8"			3240'		B,65/35 Poz Ta	
			U		J240	100-34-61	- D, 00/ 30 F04-10	
V. TEST DATA AND REQUE	ST FOR A	LLOW	VABLE		5			
OIL WELL (Test must be after	recovery of to	otal volum	e of load	oil and must	be equal to or exceed to be	de le in de il be or	24 hours.)	
Date First New Oil Run To Tank	Date of Te				Producing Method (F. M. vum			
							U)	
Length of Test	Tubing Pro	essure			Casing Pressure	MAR 01 099 Size	•	
					OII	i i		
Actual Prod. During Test	Oil - Bbls.				Water - Dbls.	CON DIV.		
						DIST. 3		
GAS WELL							`.	
Actual Prod. Test - MCI/D	Length of	45			Ibbls, Condensate/MMCF	TANEETINEETINA A	• /	
11		24			O O	Gravity of Con	k .	
	Tubing Pro				Casing Pressure (Shut-in)	Choke Size	<u> </u>	
Flowing			ioc inj		_			
Flowing		60			400]"	······································	
VI. OPERATOR CERTIFIC				4CE	OIL COM	CEDVATION D	17/1610VI	
I hereby certify that the rules and regulations of the Oil Conservation				II OIL CON	SERVATION D	IVIOION		
Division have been complied with and				c		1140 0 0 44	\A4	
is true and complete to the best of my	knowledge a	ına beli çl.			Date Approved	MAR 2.2.19	191	
X1/(1/1/								
Life Likely					By Original	Signed by FRANK T. C	HAVEZ`	
Signature D. W. Whaley, Staff Admin. Supervisor					09			
D. W. Whaley, Staf	i AUIIII	. Sup	ervisc Tide)[Q110	ERVISOR DISTRICT	# 3	
1-31-91	1	303)		หก่	Title Sur	FUALOR DISTRICT	πυ	
Date			clephone l					

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 a number, transporter, or other such changes.
- 4) Separate Form C 404 must be filed for each pool in multiply completed wells,



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Perf: 10/17/90~
       3344'-3355'; W/4 JSPF, .46" diam., 44 shots open.
      3381'-3385', W/4 JSPF, .46" diam., 16 shots open.
      3422'-3444', W/4 JSPF, .46" diam., 44 shots open.
 Frac: 10/20/90
      Frac down casing with 65500 gal slick water pad, 9100 # 40/70 sn,
      82900# 20/40 sn, AIR 60 BPM, AIP 1100psj.
Perf: 10/21/90
      3256'-3263', W/4 JSPF, .16" diam., 28 shots open.
      3269'-3273', W/4 JSPF, .46" diam., 16 shots open.
     3282'-3285', W/4 JSPF, .46" diam., 12 shots open. 3290'-3309', W/4 JSPF, .46" diam., 76 shots open.
Frac: 10/22/90 Start frac, blew main hydraulic hose on pad with 28000 | 20/40 sn
                in formation: Overflush with 100BW.
Frac: 10/23/90
       Frac down casing with 83200 gal slick water pad, 11500# 40/70 brady sn,
      25500 # 20/40 brady sn in 26400 gal slick water, AIR 65.5BPM, AIP 2200psi.
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P. B. C. C. W. Tale St. Care Con Commence.