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.: 30-045-28157
Address: P.O. Box 800, Denver, CO 80201
Reason(s) for Filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Operator [ ]
Other (Please explain) [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Trigg Fed. Gas Com "C"	1	Basin Fruitland Coal Gas		SF-080876

Location
Unit Letter L : 2240' Feet From The S Line and 865' Feet From The W Line
Section 25 Township 31N Range 9W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate [ ]
Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Amoco Production
Address (Give address to which approved copy of this form is to be sent): P.O. Box 800, Denver, CO 80201

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/2/90	2/7/91	2829'	Surface

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5998' GR	Fruitland Coal	2529'	2523'

Perforations: Open hole completion 2529'-2839'
Depth Casing Shoe:

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	9 5/8"	240'	185 sx Cl G w/2% CaCl2, 150 sx Cl B Halco, Tail w/100 sx Cl B calco Cole Tail
8 1/2"	7"	2529'	
	2 3/8"	2523'	

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	Choke Size

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
MAY 20 1991
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5974	24	0	0

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
24	0	400	3/4"

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: D.W. Whaley
Printed Name: D.W. Whaley, Staff Admin Supervisor
Date: 4/30/91
Title
Telephone No.: (303) 830-4280

OIL CONSERVATION DIVISION

Date Approved: MAY 31 1991
By: Bill Hawkins
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