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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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.		Well API No. 30-045-28426
Address P. O. Box 800, Denver, CO 80014		
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 Gartner "A"	Well No. 11	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease <del>State</del> Federal <del>Oil</del> <del>Gas</del>	Lease No. SF-08597
Location Unit Letter <u>H</u> : <u>1880'</u> Feet From The <u>N</u> Line and <u>830'</u> Feet From The <u>E</u> Line Section <u>26</u> Township <u>30N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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)					
<u>Northwest Pipeline Corporation</u>	<u>P.O. Box 58900, Salt Lake City, UT 84158</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingling 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 12/12/90	Date Compl. Ready to Prod. 1/23/91		Total Depth 2885'		P.B.T.D. Surface			
Elevations (DF, RKB, RT, GR, etc.) 6057' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2703'		Tubing Depth 2683'			
Perforations Fruitland Coal open hole completion 2703'-2885'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		270'		220 sx C1 B			
8-3/4"	7"		2703'		475 sx C1 G 65/35			
	2-3/8"		2683'		poz, 100 sx C1 G tail			

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 - MCF

GAS WELL

Actual Prod. Test - MCF/D 4423'	Length of Test 24	Bbls. Condensate/MCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) none CST	Casing Pressure (Shut-in) 305	Choke Size 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 Doug Whaley  
Printed Name Doug Whaley, Staff Admin. Supervisor  
Date 2/26/91 Title (303) 830-4280  
Telephone No. JES

OIL CONSERVATION DIVISION

Date Approved APR 22 1991

By Bill D. Chang

Title SUPERVISOR DISTRICT 13

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.