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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

~~CONFIDENTIAL~~

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company	Attention: Kelly Stearns	Well API No. 3004528959
Address P.O. Box 800 Denver Colorado 80201 (303) 830-4457 28959		
Reason(s) for Filing (Check proper box) 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 Arnold Federal A	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080597
Location Unit Letter D 960 Feet From The North Line and 1190 Feet From The West Line Section 27 Township 30N Range 8W ,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"/> WATER P.O.D.# 2804870	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"/> El Paso Natural Gas Company 2804869	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990 Farmington, NM 87499					
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 07-06-93	Date Compl. Ready to Prod. 09-21-93	Total Depth 7304'		P.B.T.D. 7280'				
Elevations (DF,RKB,RT,GR,etc.) 5879' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7076"		Tubing Depth 7161'				
Perforations 7076'-7232' Dakota				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD (continued on back)								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"	402'			465 sx Cl B			
12 1/4"	8 5/8"	2927'			1st Stage:260 sx Cl B			
					2nd Stage:815 sx Cl B, tail w/100 sx Cl B			
8 3/4"	7"	8860'			1st Stg: 530 sx Cl B, 2nd Stg:300 sx Cl 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.) FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 51993

GAS WELL

Actual Prod. Test - MCF/D 79	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) FLOWING	Tubing Pressure (Shut-in) 150	Casing Pressure (Shut-in) 1360	Choke Size 18/64

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

Signature Kelly Stearns  
Kelly Stearns Business Analyst  
Printed Name Title  
11/04/1993 (303) 830-4457  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 16 1993

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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
- 4) changes.

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	Liner 4 1/2"	6665' (top) 7304' (bottom)	160 sx C1 G
	Tubing 2 3/8"	7161'	