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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

~~CONFIDENTIAL~~

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amoco Production Company	Attention: Kelly Stearns	Well API No. 30045290 <sup>58</sup>
Address P.O. Box 800 Denver Colorado 80201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input 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 Tallant	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080597
Location Unit Letter J 1510 Feet From The FSL Line and 1460 Feet From The FEL Line Section 26 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	Address (Give address to which approved copy of this form is to be sent) 2809931
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	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 01-22-94	Date Compl. Ready to Prod. 04-06-94	Total Depth 7435'	P.B.T.D. 7400'					
Elevations (DF, RKB, RT, GR, etc.) 5938' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7062'	Tubing Depth 7214'					
Perforations 7062-7280'	Dakota	Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17.5"	13.375"	440'	600 ex CL B
12.25"	8 5/8"	3030'	1st stg: 300 ex CL B 2nd stg: 675 ex CL B, tail w/100 ex CL B
8.75"	7"	6984'	775 ex 60/60 POZ CL A

V. TEST DATA AND REQUEST FOR ALLOWABLE

\*\*\*Continued on back.

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	RECEIVED Gas - MC APR 11 1994
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 470	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of condensate DM. 3
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 75	Casing Pressure (Shut-in) 0	Choke Size .5"

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

Kelly Stearns  
Signature Kelly Stearns Business Analyst  
Printed Name Title  
04/07/1994 (303) 830-4457  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 18 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

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.

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement
	2 3/8" tubing	7214'	
	4 1/2" liner	6749' top	100 sx CL B
		7435' bottom	