

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  
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 30-045-60210
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 STOREY "B" LS	Well No. 1	Pool Name, including Formation BASIN FRUITLAND COAL GAS	Kind of Lease FED.	Lease No. SF-078138-A
Location Unit Letter H : 1650' Feet From The N Line and 990' Feet From The E Line Section 11 Township 30N Range 11W, 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"/>	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)					
EL PASO NATURAL GAS	P.O. BOX 4990, FARMINGTON, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	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
		XX	XX					
Date Spudded 1/21/54	Date Compl. Ready to Prod. 2/24/92		Total Depth 4871' 4865'		P.B.T.D. 4871' 4865'			
Elevations (DF, RKB, RT, GR, etc.) 5912' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 2200'		Tubing Depth 2312'			
Perforations 2200'-2414' FRUITLAND COAL					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	9 5/8"		173'		125 SX			
8 3/4'	7 "		4536'		500 SX 250			
	2 3/8"		2312'					

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

GAS WELL

Actual Prod. Test - MCF/D 119	Length of Test 24	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) FLOWING	Tubing Pressure (Shut-in) 125	Casing Pressure (Shut-in) 300	Choke Size 16/64

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 knowledge and belief.

Cynthia Burton / Jen  
Signature  
C. L. BURTON Staff Admin. Supervisor  
Printed Name  
3/10/92  
Date  
303-830-5119  
Telephone

OIL CONSERVATION DIVISION

Date Approved MAR 31 1992  
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.