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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 APT No. 30-045-26989
Address P.O. Box 800, Denver, Co 80201	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwendt Feger	Well No. 3	Pool Name, Including Formation BASIN Fruitland Coal Gas	Kind of Lease State, Federal or Fee	Lease No. NM 013685
Location Unit Letter M : 1120' Feet From The South Line and 810' Feet From The West Line Section 27 Township 31N Range 9W, 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)
Amoco Production Co	P.O. Box 800, Denver, CO 80201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
	Yes

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 5/10/89	Date Compl. Ready to Prod. 6/23/89	Total Depth 2902'	P.B.T.D. 2893'					
Elevations (DF, RKB, RT, GR, etc.) 6083' GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2721'	Tubing Depth 2703'					
Perforations no perms - open hole completion - (2721' - 2893') linear perms.		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET 265'	SACKS CEMENT 354 cu ft. C/B w/2% G/C 2					
8 3/4"	7"	2694'	1097 cu ft. 65/35 poz.					
	4 1/2"	2897'	Tail 120 cu ft. C/B w/2% G/C 12					
	2 7/8"	2703'						

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 WELL		
Actual Prod. Test - MCF/D 2000	Length of Test 2	Bbls. Condensate/MCF
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in)	Gravity of Condensate

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

Date
11/16/90

Staff Admin Supr.
(303) 830-4280

Title
Telephone No.

OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
NOV 19 1990

Date Approved

By
[Signature]

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 multiply completed wells.