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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, Nb1 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised I-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III<br>000 Rio Brazos Rd., Aztec, NM 87410   | REQUEST FOR ALLOWAE                          |  |   |
|---|--|--|---|
| •   | TO TRANSPORT OIL                             | _ AND NATURAL GAS                      | Well API No.                                |
| erator  |  |  | 30-045-27485                                |
| Amoco Production Con  | ipany  |  | 30 010 27 100                               |
| P. O. Box 800, Denve  | er, Colorado 80201                           |  |   |
| Reason(s) for Filing (Check proper box)   |  | X Other (Please explain)               |   |
| lew Well  | Change in Transporter of:                    |  |   |
| tecompletion  | Oil Dry Gas                                  |  |   |
| Trange in Operator  | Casinghead Gas Condensate                    |  |   |
| change of operator give name ad address of previous operator  |  |  |   |
| I. DESCRIPTION OF WELL  | . AND LEASE                                  | 27                                     |   |
| Lease Name  | Well No.   Pool Name, Include                | ing Formation                          | Kind of Lease No.                           |
| Barn's Gas Com A  | 1 Basin Fru                                  | itland Coal Gas                        | State, Federal of Fee                       |
| Unit Letter B   | ; 1090 Feet From The                         | North Line and1530                     | Feet From The East Line                     |
| 9312  | 29 N   |  | _   |
| Section Towns   | nip 211 30 Range 1                           | / W , NMPM, Sa                         | in Juan County                              |
| II. DESIGNATION OF TRA<br>Name of Authorized Transporter of Oil<br>X  | NSPORTER OF OIL AND NATU                     | RAL GAS Address (Give address to which | h approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casi  | ngliead Gas                                  | Address (Give address to whice         | h approved copy of this form is to be sent) |
| El Paso Natural   | 695  |  | 90, Farming tow, NM 8749                    |
| If well produces oil or liquids, ive location of tanks.   | Unit Sec. Twp. Rge.                          | ls gas actualty connected?             | When 7                                      |
| f this production is commingled with that V. COMPLETION DATA  | t from any other lease or pool, give comming | ling order number:                     |   |
| Dai- and Transaction Laboration   | Oil Well   Gas Well                          | New Well Workover                      | Deepen Plug Back Same Res'v Diff Res'v      |
| Designate Type of Completion  | · · · · · · · · · · · · · · · · · · ·        | Total Depth                            |   |
| Date Spudded  | Date Compl. Ready to Prod.                   | -                                      | P.B.T.D.                                    |
| 10/13/89 Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                  | 3206 '<br>Top Oil/Gas Pay              | 3188¹                                       |
| 6251' GR  | Fruitland                                    | 2714'                                  | Tubing Depth                                |
| Perforations  | rruitiand                                    | 2/14                                   | 2694 Depth Casing Shoe                      |
| See attachments   |  |  |   |
|   | TUBING, CASING AND                           | CEMENTING RECORD                       |   |
| HOLE SIZE   | CASING & TUBING SIZE                         | DEPTH SET                              | SACKS CEMENT                                |
| 12_1/4"   | 8 5/8"                                       | 261                                    |   |
| 7 7/8"  | 5 1/2"                                       | 3203                                   | 430 SX Class B 65/35                        |
|   | 2 78   | 2694                                   |   |
| V. TEST DATA AND REQUI  | EST FOR ALLOWABLE                            |  |   |
| OIL WELL (Test must be after  | recovery of total volume of load oil and mus |  |   |
| Date First New Oil Run To Tank  | Date of Test                                 | Producing Method (Flow, pwn            | 41. 8 at 1/1 DECEIVED                       |
| Land of Page  | 70.11  | Casing Pressure                        | Nove Size                                   |
| Length of Test  | Tubing Pressure                              | Casing ressure                         | APR1 8 1990                                 |
| Actual Prod. During Test  | Oil - Bbls.                                  | Water - Bbls.                          | Gas- MCF                                    |
| Ü   |  | •                                      | OIL CON. DIV                                |
| GAS WELL  |  |  | DIST. 3                                     |
| Actual Prod. Test - MCI/D   | Length of Test                               | Ibbls. Condensate/MMCF                 | Gravity of Condensate                       |
| _152  | 24   | 0                                      |   |
| l'esting Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                    | Casing Pressure (Shut-in)              | Choke Size                                  |
| Pumping   | 70   | 70                                     | .75   |
|   | CATE OF COMPLIANCE                           | OII CON                                | SERVATION DIVISION                          |
| I hereby certify that the rules and reg   |  | OIL CON                                |   |
| Division have been complied with and that the information given above is true and complete, to the best of my knowledge and belief. |  |  | APR 1 9 1990                                |
| 11///   |  | Date Approved                          | 1   |
| D.D. M.   | leg  |  | Bir) Chang                                  |
| Signature   |  | By                                     | <del></del>                                 |
| D. W. Whaley, Staff   | Admin. Supervisor                            |  | SUPERVISOR DISTRICT #3                      |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

4/11/90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

The production of the producti

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

(303) 830-4280

OIL CONT DIA

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