Submit 5 Copies
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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| Operator | Well API No. |
|---|---|
| Amoco Production Co. | 30-045-27777 |

Address: P.O. Box 800, Denver Co 80201

Reason(s) for Filing (Check proper box)

| | | | |
|---|---|---|---|
| New Well | [X] | Change in Transporter of: | |
| Recompletion | [ ] | Oil [ ] | Dry Gas [ ] |
| Change in Operator | [ ] | Casinghead Gas [ ] | Condensate [ ] |

Other (Please explain) [ ]

If change of operator give name and address of previous operator _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Case "B" | 21 | Basin Fruitland Coal Gas | ~~State~~ Federal | SF-078095 |

Location

Unit Letter H : 1620' Feet From The N Line and 1110' Feet From The E Line

Section 18 Township 31N Range 11W NMPM, San Juan County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [ ] or Condensate [ ] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: El Paso Natural Gas | 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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 11/17/90 | 1/27/90 | 2992' | 2976' |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 6217' GR | Fruitland Coal | 2523' | 2992' 2610 |

Perforations: See Attached

Depth Casing Shoe

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12 1/4" | 8 5/8" | 298' | 210 sx Cl B Ashgrove (1st Stg) - 72 sx Cl G Dowell 65/35 poz, |
| 7 7/8" | 5 1/4" | 2989' | |
| | 2 3/8" | 2610' | |
| | Tail w/ 200sx Cl G Dowell, (2nd Stg) - 370 sx Cl C Dowell 65/35 poz, tail w/ 60 sx Cl G Dowell | | |

## 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 |
|---|---|---|---|
| | | | |

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DIST. 3

GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 340 | 24 | 0 | 0 |

| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|---|---|---|---|
| Flowing | 310 | 360 | 24/64" |

## 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.

Signature: Doug Whaley, Staff Admin. Supvr.

Printed Name: 3/18/91 (303) 830-4280

Date / Telephone No.

## OIL CONSERVATION DIVISION

Date Approved: APR 08 1991

By: _____

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.

Perf: 1/4/91
2523'-2525', W/8 JSPF, .5" diam., 16 shots open.
2558'-2561', W/8 JSPF, .5" diam., 24 shots open.
2565'-2568', W/8 JSPF, .5" diam., 24 shots open.
2607'-2611', W/8 JSPF, .5" diam., 32 shots open.
2618'-2620', W/8 JSPF, .5" diam., 16 shots open.
2715'-2721', W/8 JSPF, .5" diam., 48 shots open.
2723'-2726', W/8 JSPF, .5" diam., 24 shots open.
2766'-2790', W/8 JSPF, .5" diam., 192 shots open.

Frac: 3/12/91. 2523-2790'
Frac down casing with 184,400gal slick water, 10000# 40/70 Brady sn, 56000# 20/40 Brady sn, AIR 90BPM, AIP 2250psi.
1/11/91 Frac down casing with 151000 slick water, 12000# 40/70 Brady sn, AIR 92 BPM, AIP 2200psi.

1/12/91 Remedial Cement
Perf from 620-621 W/2 JSPF, .5" diam., 2 shots Closed.
TIH W/5½" CIBP, SA 640'.
Press Test Plug to 1500 psi W/ rig pump- Held OK.
TIH W/4" CSG. gun and perforate at 620'.
TIH W/5½" fullbore PKR and SA 419' and press. CSG to 1000psi, pumped 3BBls fresh water down TBG (full returns), Followed by 31 BBLs slurry Class B cmt. W/3% Calcium Chloride. Lost returns after 1.5 BBLs slurry circulated to pit. Displace W/4 BBls fresh water to 520', Max press-1000psi, Press. on TBG after shut in -500psi. Total Cmt pumped 150 sx, Cmt circ to pit - 7sx.
Tagged cmt @ 522', Drilled out to 640'.
pressure tested CSG to 1500psi. Held. Drilled out CIBP @ 640'.