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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

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

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO T	RANS	PORT O	L AND NA	TURAL GA	AS				
Operator Amoco Production Company				Attention	: Dallas Kalahi	ar	Well Al	Well API No. 3004529019			
Address P.O. Box 800 Denve		Co	lorado		80201						
Reason(s) for Filing (Check proper box)			ioraco	-		er (Please expl	ain)				
New Well		Change in	Transpo	rter of:		or it seems expe	 ,				
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghea	d Gas	Conder							ŀ	
									······································		
If change of operator give name and address of previous operator						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
II. DESCRIPTION OF WELL							12' . 1	° T			
Lease Name	Well No.	Pool Na	-	ing Formation		State, F	Kind of Lease N State, Federal or Fee SF-0805				
Best Gas Com Location		1			sin Dakota G	48			3r-0	80517	
•	-	200	n . n		FNL Line	. 15	85 Fee		FEL	. .	
Unit Letter	·/	30	reet rr	om The	FNL Line	and	rec	t From The	1.66	Line	
Section 21 Township	, 32	N	Range	10%	/ ,NM	PM,		San Jua	n	County	
W. DECICNATION OF TO AN	CDADTE	D OF O	TT ANT	TS STATET	DAT CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF O		D NATU		a address to	blob annuaris	com of the	farme to to La -		
Manie of Audiotized Haispotter of Oli	L or	Congensati	•		AUGICSE (CIV	t auuress 10 Wi	шеп арр гочеа	copy of this	form is to be se	:nu)	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)										
ELPASO NATURAL GAS C	_		•	Gas X	P.O. Box 49	90, Farming	ton, NM 874	199			
well produces oil or liquids, Unit Sec. Tw				Rge.	. Is gas actually connected? When				· · ·		
give location of tanks.	<u> </u>										
If this production is commingled with tha	t from any o	ther lease	or pool,	give comm	ingling order n	umber:					
IV. COMPLETION DATA		1			T 12 "						
Designate True of Completion	(V)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	!_	X	X	<u> </u>				<u> </u>	
Date Spudded	Date Comp	•			Total Depth	70001		P.B.T.D.	70001		
11-18-93	03-16-94				7893'			7806'			
Elevations (DF,RKB,RT,GR,etc.) Name of Prod				n.	Top Oil/Gas Pay			Tubing Depth			
6244' GR	<u> </u>	Dako	B			7556'			1 1/4" 7604		
7556 - 7	7706	,						Depth Casing	g Shoe		
/ 206 /			CAST	NG AND	CEMENT	NG PECO	DD				
HOLE SIZE	T				CEMENT	THE SET		1	ACKS CEME	NT	
17 1/2"	CASING & TUBING SIZ			JIZL	STA		700 sx CLB, 110 sx CLB				
12 1/4"	9 5/8"			-11	CHREAT			1st stg = 400 sx CLB, 2nd stg = 850 sx C			
8 3/4"	7"			7421'			760 sx CLB				
	4 1/2"	liner		Mer.	7893'				120 ex CLB		
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE								
OIL WELL (Test must be after r			of load	oil and mu					e for full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Tes	st			Producing M	ethod (Flow, p	ump, gas lift,	etc.)	ECI	EIVE	
	m 11 =		-		0 : -			ען די	1501		
ngth of Test Tubing Pressur			ssure			Casing Pressure			Choke Sta		
And Ded Deine Weight					Water Dille			MAR 2 3 1994			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas - MCF			
G. G. C.	<u>I</u>				I				OIL CC	N. DIV	
GAS WELL	T				1272			1= :- :-		<u>37 ?</u>	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
690	24 Hr			O (Shut in)			Choke Size				
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in) 310			Casing Pressure (Shut-in) 550			Choke Size				
	PE OF CO				<u> </u>			<u> </u>	1/4		
VI. OPERATOR CERTIFICAT					ے ا	NII CON	ICEDV / A	TION		N. I	
I hereby certify that the rules and regulations of the Oil					OIL CONSERVATION DIVISION						
Conservation Division have been complied with and that the information given above is true and complete to the best of my					MAR 3 1 1994						
					Date Approved MAR 3 1 1994						
Nollas Kalah	u_										
Signature						ORIGINAL S	igned by e	RNIE BUSC	ЭН		
Dallas Kalahar Staff Business Analyst											
Printed Name Title					Title	DEPUTY OIL	& GAS INS	PECTOR. DI	ST. #3		
3-2/-94 (303) 830-5129 Date Telephone No.					ittie				15-4	···	
Date /		Terel	MORE N	···							

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.

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