

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

DISTRIBUTION	4
SANTA FE	1
TRIPLE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	

I. OPERATOR

Operator
AMOCO PRODUCTION COMPANY

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute Indians "A"	Well No. 11	Pool Name, including Formation Ute Dome Paradox	Kind of Lease Indian	Lease No. 14-20-604-62
Location				
Unit Letter 0	790	Feet From The South	Line and 1480	Feet From The East
Line of Section 26	Township 32N	Range 14W	, 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 Company	P.O. Box 990 Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 26	Twp. 32N	Rge. 14W
	Is gas actually connected?		When	
	No		Approx. 90 days	

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 10/24/77	Date Compl. Ready to Prod. 2/20/78	Total Depth 9405'		P.B.T.D. 9353'				
Elevations (DF, RKB, RT, GR, etc.) 6884' GL	Name of Producing Formation Paradox	Top Oil/Gas Pay 8387'		Tubing Depth 9172'				
Perforations				Depth Casing Shoe 9387'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		608'		500 sx			
7-7/8"	5-1/2"		9387'		1350 sx			

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 Tanks	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 2855	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1927	Casing Pressure (shut-in) Packer set at 8362'	Choke Size .75"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By
E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

3/1/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

By Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.