

District I
PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Amoco Production Company P. O. Box 800 Denver, Colorado 80201		OGRID Number 000778
		Reason for Filing Code NW-New Well
API Number 30 - 0 4529313	Pool Name Blanco Mesaverde	Pool Code 72319
Property Code	Property Name Stanolind Gas Com D	Well Number #1A

II. Surface Location

UL or lot no. N	Section 17	Township 32N	Range 12W	Lot Idn	Feet from the 1010	North/South Line South	Feet from the 1710	East/West line West	County San Juan
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Loc Code F	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
9018	Giant Refining Co P. O. Box 12999 Scottsdale, Arizona 85267	2817199	O	
07057	El Paso P. O. Box 1492 El Paso, Texas 79978	2817200	G	

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IV. Produced Water

POD 2817201	POD ULSTR Location and Description
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OIL CON. DIV.
DIST. 3

V. Well Completion Data

Spud Date 12/23/95	Ready Date 3/27/96	TD 4760	PBTD 4711'	Perforations 3732'-4034'	DHC, DC, MC
Hole Size 12.25"	Casing & Tubing Size 8.625"	Depth Set 130'	Sacks Cement 100 sxs Cl B to surface		
7.875"	5.500"	1857'	200 sxs Cl B to surface		
4.75"	2 7/8"	4760'	230 sxs Cl B to 530'		

TOC

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date 3/18/96	Test Length 24 hrs	Tbg. Pressure None	Csg. Pressure 105#
Choke Size 32/64"	Oil Trace	Water 1 bbl	Gas 790 mcf	AOF	Test Method Flowing

I hereby certify that the rules 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: *Gail M. Jefferson*

Printed name: Gail M. Jefferson

Title: Sr. Admin. Staff Asst.

Date: 3/27/96

Phone: (303) 830-6157

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY ERNIE BUSCH

Title: *ERNEST OIL & GAS INSPECTOR, DIST. 3*

Approval Date: APR 09 1996

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all oil volumes at 15.025 PSIA at 60°.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:

RT Request for test allowable (include volume requested)
RT Request for test allowable (include volume requested)
AG Add gas transporter
CG Change gas transporter
CO Change oil/condensate transporter
AO Add oil/condensate transporter
CH Change of Operator (include the effective date.)
RC Recompletion
NW New Well

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

P Pumping or other artificial lift
F Flowing

MO/DA/YR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

Product code from the following table:

G Gas
O Oil

The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing shoe and TD if openhole

Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

OTHER INSTRUCTIONS

31. Inside diameter of the well bore

32. Outside diameter of the casing and tubing

33. Depth of casing and tubing. If a casing liner show top and bottom.

34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

35. MO/DA/YR that new oil was first produced

36. MO/DA/YR that gas was first produced into a pipeline

37. MO/DA/YR that the following test was completed

38. Length in hours of the test

39. Flowing tubing pressure - oil wells

40. Flowing casing pressure - oil wells

41. Shut-in casing pressure - gas wells

42. Diameter of the choke used in the test

43. Barrels of oil produced during the test

44. Barrels of water produced during the test

45. MCF of gas produced during the test

46. Gas well calculated absolute open flow in MCF/D

47. The method used to test the well:

P Pumping
F Flowing
S Swabbing

If other method please write it in.

48. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person