

OIL CONSERVATION DIVISION

P. O. BOX 2688

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMOCO PRODUCTION COMPANY

501 Almont Drive, Farmington, NM 87401

Other (Please explain)

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

If ownership has changed, give name

of previous owner

B. IDENTIFICATION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Land Tribal 396	1	undesignated Gallup	State, Federal or Fee Federal	Jicarilla
				396
Section	Feet From The	North	Line and	Feet From The
A	100			970
East				
Range	Township	Range	NMPM	County
8	23N	3W		Rio Arriba

C. IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil	Transporter of Condensate	Address (Give address to which approved copy of this form is to be sent)
☒	☐	P. O. Box 26251, Albuq., NM 87125
Transporter of Casinghead Gas	Transporter of Dry Gas	Address (Give address to which approved copy of this form is to be sent)
☒	☐	P. O. Box 990, Farmington, NM 87401
Is gas actually connected?	When	
No		

If this production is commingled with that from any other lease or pool, give commingling order number:

D. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Res't.	Diff. Res't.
☒	☒	☐	☒	☐	☐	☐	☐	☐
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
7-26-80	7633'	7590'						
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Gallup	6232'	Commingled with Dakota						
Depth Casing Shoe								
7633'								

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2 1/2"	5 5/8" 24#	509'	315 sk
2 1/2"	5 1/2" 15.5#	7633'	1830 sk

E. TEST DATA AND REQUEST FOR ALLOWABLE (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 of Test	Producing Method (Flow, pump, gas lift, etc.)
12-80-80	Pumping
Tubing Pressure	Casing Pressure
50 PSIG	---
Water-BHLS	Gas-MCF
8	393

F. BEBLE

Length of Test	BHLS, Condensate/MSCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATION 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.

Original Signed By
B. L. SVOBODA

Supervisor

OIL CONSERVATION DIVISION

APR 28 1981

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

TITLE _____

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 to be determined.

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