

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  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>ANOCO PRODUCTION COMPANY</b>		Well API No. <b>300392252300</b>
Address <b>P.O. BOX 800, DENVER, COLORADO 80201</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>JICARILLA CONTRACT 146</b>	Well No. <b>37</b>	Pool Name, including Formation <b>OTERO CHACRA (GAS)</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>C</b>	<b>1070</b>	Feet From The <b>FNL</b>	Line and <b>1750</b>	Feet From The <b>FWL</b>
Section <b>04</b>	Township <b>25N</b>	Range <b>5W</b>	<b>NMPM,</b>	RIO ARRIBA County

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>GARY WILLIAMS ENERGY CORPORATION</b>	<b>P.O. BOX 159, BLOOMFIELD, NM 87413</b>	
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)	
<del>NORTHWEST PIPELINE CORPORATION</del> <b>EPG</b>	<b>P.O. BOX 8900, SALT LAKE CITY, UT 84108-0899</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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	<b>RECEIVED</b> JUL 5 1990
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	<b>OIL CON. DIV.</b> DISTRICT #3
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

**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.

*D. W. Whaley*  
Signature  
**Doug W. Whaley, Staff Admin. Supervisor**  
Printed Name  
June 25, 1990  
Date  
303-830-4280  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **JUL 5 1990**  
By *[Signature]*  
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.

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  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>ANOCO PRODUCTION COMPANY</b>		Well API No. 300392252300
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>JICARILLA CONTRACT 146</b>	Well No. 37	Pool Name, including Formation <b>BLANCO MESAVERDE (PRORATED GAS)</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>C</b> : <b>1070</b> Feet From The <b>FNL</b> Line and <b>1750</b> Feet From The <b>FWL</b> Line Section <b>04</b> Township <b>25N</b> Range <b>5W</b> , <b>NMPM</b> , <b>RIO ARRIBA</b> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>GARY WILLIAMS ENERGY CORPORATION</b>	<b>P.O. BOX 159, BLOOMFIELD, NM 87413</b>	
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)	
<b>NORTHWEST PIPELINE CORPORATION</b>	<b>P.O. BOX 8900, SALT LAKE CITY, UT 84108-0899</b>	
If well produces oil or liquids, give location of tanks.	Unit	Soc.   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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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.	

**RECEIVED**  
**JUL 5 1990**

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

**OIL CON. DIV.**  
**DIST. 3**

**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 *D. H. Whaley*  
Printed Name **Doug W. Whaley, Staff Admin. Supervisor**  
Title  
Date **June 25, 1990** Telephone No. **303-830-4280**

**OIL CONSERVATION DIVISION**

Date Approved **JUL 5 1990**  
By *[Signature]*  
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.

OIL CONSERVATION DIVISION  
NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator: AMOCO PRODUCTION COMPANY Lease/Well #: JIC CONTRACT 146 37  
Meter #: 85518 RTU: 1-132-01 County: RIO ARRIBA

	NAME RESERVOIR OR POOL		TYPE PROD	METHOD PROD	MEDIUM PROD
UPR COMP	OTERO CHACRA	85528 131-1	GAS	FLOW	TBG
LWR COMP	BLANCO MESAVERDE	85518 132-1	GAS	FLOW	TBG

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour/Date Shut-In	Length of Time Shut-In	SI Press. PSIG	Stabilized
UPR COMP	11/19/90	72 Hours	486	yes
LWR COMP	11/19/90	72 Hours	187	yes

FLOW TEST DATE NO. 1

Commenced at (hour, date)\*

TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		Prod Temp.	REMARKS
		Upper	Lower		
11/19/90	Day 1	200	150		Both Zones SI
11/20/90	Day 2	250	170		Both Zones SI
11/21/90	Day 3	463	184		Both Zones SI
11/22/90	Day 4	486	180		Both Zones SI
11/23/90	Day 5	500	180		Both Zones SI
11/24/90	Day 6	520	246		flowed lower zone

Production rate during test

Oil: \_\_\_\_\_ BOPD based on \_\_\_\_\_ BBLs in \_\_\_\_\_ Hrs \_\_\_\_\_ Grav \_\_\_\_\_ GOR \_\_\_\_\_  
Gas: \_\_\_\_\_ MFCPD: Tested thru (Orifice or Meter): METER

MID-TEST SHUT-IN PRESSURE DATA

	Hour, Date SI	Length of Time SI	SI Press. PSIG	Stabilized (yes/no)
UPR COMP				
LWR COMP				

**RECEIVED**  
DEC 13 1990  
OIL CON. DIV  
DIST. 2

(Continue on reverse side)

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

FLOW TEST NO. 2

Commenced at (hour, date)**		Zone producing (Upper or Lower):			
TIME (hour, date)	LAPSED TIME SINCE **	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: \_\_\_\_\_ BOPD based on \_\_\_\_\_ Bbls. in \_\_\_\_\_ Hours. \_\_\_\_\_ Grav. \_\_\_\_\_ GOR \_\_\_\_\_

Gas: \_\_\_\_\_ MCFPD: Tested thru (Orifice or Meter): \_\_\_\_\_

Remarks: \_\_\_\_\_

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved \_\_\_\_\_ 19 \_\_\_\_\_  
New Mexico Oil Conservation Division

Operator Agnes Prod.

By W. Dallas

By Original Signed by CHARLES GHOLSON

Title field tech

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Date 12/18/90

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.
3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized; provided however, that they need not remain shut-in more than seven days.
4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.
5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing