

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	DIC	
PERATOR	OAS	
ADDITION OFFICE		
DATE		

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☒

Other (Please explain)

Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Martin Gas Com "G"	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Free Federal	Lease No. SF-079596
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Unit Letter J ; 1570 Feet From The South Line and 1840 Feet From The EastLine of Section 14 Township 27N Range 10W , NMPM, San Juan County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY P.O. BOX 990 FARMINGTON, NEW MEXICO	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids Unit <u>J</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>10W</u>	Is gas actually connected? <input type="checkbox"/> When

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Productions (DA) <u>RT, CR, etc.</u>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Productions			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Val Prod. During Test	Oil - Bbls.	Water - Bbls.	

## S WELL

Val Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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 is true and complete to the best of my knowledge and belief.

District Administrative Supervisor

September 28, 1983

## OIL CONSERVATION DIVISION

APPROVED SE 19  
BY Frank J. [Signature]  
TITLE SECT. 104

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

If this is a request for allowance 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 allowance on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiple completed wells.