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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin Gas Com "C"	1E	Basin Dakota	State, Federal or Free Federal	SF-077327
Location	Unit Letter	0	860 Feet From The	South
	Line and	1845	Feet From The	East
Line of Section	11	Township	27N	Range
			10W	, NMPM, San Juan
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address in which approved copy of this form is to be sent)				
Plateau, Inc.	P.O. Box 489, Bloomfield, N.M. 87413				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address in which approved copy of this form is to be sent)				
EL PASO NATURAL GAS COMPANY					
P. O. BOX 990					
Farmington, New Mexico					
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
0	11	27N	10W		

If 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 Depth	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	FEET/D.					
Deviation (D.A. 7, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
ON 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cable 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
(Title)Sept. 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 29 1983

BY

TITLE

This form is to be filed in compliance with Rule 1304.
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 1304.
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 change of ownership, well name or number, or transportation other than change of condition.
Separate Forms C-104 must be filed for each point in multiple completed wells.