

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Amoco Production Company	
Address 501 Airport Dr., Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name R. P. Hargrave "J"	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-077382
Location Unit Letter <u>F</u> ; <u>1540</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P. O. Box 26251, Albuquerque, NM 87125
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Co.	P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 3 27N 10W	No

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	Some Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 10-26-81	Date Compl. Ready to Prod. 11-20-81	Total Depth 6689'	P.S.T.D. 6648'					
Elevations (DE, RKB, RT, GR, etc.) 6060' G.L.	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6412'	Tubing Depth 6589'					
Perforations 6412'-6422', 6447'-6455', 6508'-6544', 6570'-6580'			Depth Casing Shoe 6689'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	335'	300 SX					
7-7/8"	4-1/2"	6689'	1840 SX					
	2-3/8"	6589'						

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
924	3 hours		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	68 PSIG	364 PSIG / 022	.75"

VI. 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)
District Administrative Supervisor
(Title)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Original Signed by Frank T. JENSEN
TITLE SUPERVISOR

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 on new and recompleted wells.

For use only with Rules I, II, III and VI for changes of owner, location, etc. of existing wells. Do not use for new wells or for recompleted wells.