

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator

Amoco Production Company

Address 501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C. A. McAdams "C"</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>SF-077941</u>
Location Unit Letter <u>B</u> : <u>1120</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>East</u>				
Line of Section <u>5</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)	
<u>Plateau Incorporated</u>	<u>P.O. Box 26251, Albuquerque, NM 87125</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>5</u>
	Twp. <u>27N</u>	Rge. <u>10W</u>
	Is gas actually connected? <u>No</u> 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	Some Resrv.	Diff. Resrv.
		☒	☒					
Date Spudded <u>12-19-80</u>	Date Compl. Ready to Prod. <u>3-29-81</u>	Total Depth <u>6586'</u>	P.B.T.D. <u>6540'</u>					
Elevations (DF, REB, RT, GR, etc.) <u>5947' GL</u>	Name of Producing Formation <u>Basin Dakota</u>	Top Oil/Gas Pay <u>6282'</u>	Tubing Depth <u>6447'</u>					
Perforations <u>6282-6291, 6311-6316, 6366-6384, 6388-6426, 6432-6436</u>			Depth Casing Shoe <u>6586'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8" 24#</u>		<u>295'</u>		<u>300 sx</u>			
<u>7 7/8"</u>	<u>4 1/2" 10.5#</u>		<u>6586'</u>		<u>1800 sx</u>			
	<u>2 3/8"</u>		<u>6447'</u>					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D <u>2188</u>	Length of Test <u>3 Hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1000 psig</u>	Casing Pressure (Shut-in) <u>1230 psig</u>	Choke Size <u>.75"</u>

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.

Original Signed By
E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

MAY 8 1981

OIL CONSERVATION DIVISION

APPROVED MAY 15 1981, 19 _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.

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

This form must be filed for each pool in which