## ERGY AND MINERALS DEPARTMENT DISTRIBUTION

## OIL CONSERVATION DIVISION P. O. BOX 2088

BANTA PE	SANTA FE, NEW MEXICO 87501								
U.3.G.3.									
REQUEST FOR					ABLE			,	
OPERATOR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL (								
Operator  Anna Production Company							3		
Amoco Production Comp	any				<del></del>		J. J.		
501 Airport Drive, Fa		NM 874	401		Other (Pl	ase explain)		V-17	
Reason(s) for filing (Check proper box, New Well		n Transporte	r of:		Omer (File	ease explain)	₽.84 • ·		
Recompletion	Oil		Dry Ga						
Change in Ownership	Casinghe	ed Gas	Conder	sate	<u> </u>				
If change of ownership give name and address of previous owner						· · · · · · · · · · · · · · · · · · ·			
DESCRIPTION OF WELL AND	LEASE	1						Lesse No.	
Pipkin Gas Com "A"	Well No.	1	, Including Fo n Dakota			Kind of Lease State, Federa	orree Federal	SF077875	
Location C 106					1645		. west		
Unit Letter:			orth_Lin	• and		Feet From *	ı Juan		
Line of Section 7 Tov	vnship 271	·	Range	TOM	, их	APM, Sai	i Juan	County	
DESIGNATION OF TRANSPORT	TER OF OIL	AND NAT		S Address	(Give addre	ss to which appro-	red copy of this form is	to be sent)	
Plateau, Inc.									
	Name of Authorized Transporter of Casinghead Gas or Dry Gas (A).  El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499				
If well produces oil or liquids,	Unit Sec. Twp. Rge.			1s gas actually connected? When					
give location of tanks.  If this production is commingled wit	1			give com:		rder number:			
COMPLETION DATA	10		Gas Well	New Well			Plug Back   Same Ro	es'v. Diff. Res'	
Designate Type of Completion			X	X		! ! 	<del> </del>		
Date Spudded	Date Compl.			Total De	pth 636 <b>&amp;</b> '		P.B.T.D. 63201		
6-29-83 Elevations (DF, RKB, RT, GR, etc.)	6-29-83 8-3-83  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Gas Pay		Tubing Depth		
5888' GL Dakota				6154'			6199 t		
Perforations 6154'-6168', 6182'-6	1061 622	A1 62681	2 ICDE	104	38" hol	മയ	6361		
6154'-6168', 6182'-6	186 , 623	TUBING, C.	ASING, AND	CEMEN	TING REC	ORD			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT 31.5		
12-1/4"	8-5/8"	24#			334 6361		2000		
7-7/8"	4-1/2"	10.5#	K-55	<del> </del>	0301		2000		
TEST DATA AND REQUEST FO	OR ALLOWA		est must be a le for this de				and must be equal to o	exceed top allo	
Date First New Oil Run To Tanks	Date of Test					low, pump, gas li	(i, etc.)	The state of the s	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil-Bbls.			Water - B	bla.		Ga* • MCF		
	<u> </u>			<u> </u>					
GAS WELL									
Actual Prod. Test-MCF/D	Length of Te	• t	·····	Bbls. Co	ndensate/h	IMCF	Gravity of Condensa	10	
2427 Testing Method (pitot, back pr.)	3 hrs.			Casing Pressure (Shut-in)			Choke Size		
	Tubing Pressure (Shut-in) 1785 psig			1785 psig			.75		
back pressure 1 1703 psig ERTIFICATE OF COMPLIANCE					9-27-83 SEP 27 1983				
JERTH TOTAL OF COME DISC.				1 4-5	7-83	SEP 97	1983	10	
hereby certify that the rules and r Division have been complied with	and that the	information	n given	BY_		Rosed by IRack	I. CHAVEZ	, 1	
bove is true and complete to the best of my knowledge and belief.				TITLE TITLE					
· Stated By				TITLE This form is to be filed in compliance with RULE 1104.					
ن ر ب	Lawson			11			ushia for a namiv dri	illed or deepen	
(Signature)				well,	well, this form must be accompanied by a tabulation of the well in accordance with RULE 111.				
District Administrative Supervisor					All sections of this form must be filled out completely for alle able on new and recompleted wells.				
(Tille) September 16, 1983				Fill out only Sections 1, II, III, and VI for changes of own					
	ate)			well		forms C-104 mu	t be filed for each		
	,			ii comb	SECO METL				