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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Jack Frost Gas Com "C"	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-077951
Location				
Unit Letter H	1520	Feet From The North	Line and 450	Feet From The East
Line of Section 26	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 26251, Albuquerque, NM 87125					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 26	Twp. 27N	Rge. 10W	Is gas actually connected? No	When

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-4-83	Date Compl. Ready to Prod. 10-24-83	Total Depth 7118'	P.B.T.D. 7090'					
Elevations (DF, RKB, RT, CR, etc.) 6653' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6908'	Tubing Depth 6949'					
Perforations 6908'-6921', 6955'-6960', 6996'-7039', 7062'-7079'	Depth Casing Shoe 7115'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.25"	8.625" 24#	330'	315SX
7.875"	4.5" 10.5#	7115'	2320 SX
	2-3/8"	6949'	

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-MCF

GAS WELL

Actual Prod. Test-MCF/D 2032	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Quantity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 162 psig	Casing Pressure (Shut-in) 487 psig	Choke Size .75"

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
D. C. LARSON
(Signature)District Administrative Supervisor
(Title)12/6/83
(Date)

OIL CONSERVATION DIVISION DEC 08 1983

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 2

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 either new or 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.