

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Amoco Production Company		3004507149
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator: Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155		

II. DESCRIPTION OF WELL AND LEASE			
Lease Name OMLER	Well No. 7	Pool Name, Including Formation FULCHER-KUTZ (PICT CLIFFS)	Lease No. SF077085
Location			
Unit Letter J	1650	Feet From The FSL	Line and 1650
Feet From The FEL		Line	
Section 26	Township 28N	Range 10W	NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
SUNTERRA GAS 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?	
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
			Same Res'v
			Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth
Elevations (DF, RKB, RI, GR, etc)	Name of Producing Formation		P.B.T.D.
Perforations		Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		Date Approved MAY 08 1989	
Signature J. L. Hampton		By <i>[Signature]</i>	
J. L. Hampton Sr. Staff Admin. Suprv.		SUPERVISION DISTRICT # 3	
Printed Name		Title	
Janaury 16, 1989			
Date			
303-830-5025			
Telephone No.			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.