

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300450728900
Address 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 checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LACKEY B I.S.	13	BASIN DAKOTA (PRORATED GAS)	State, Federal or Fee	
Location				
Unit Letter	K	1650	FSL	1650
	:	Feet From The	Line and	Feet From The
				FWL
				Line
Section	20	Township	28N	Range
			9W	
			NMPM,	SAN JUAN
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input type="checkbox"/>		or Condensate: <input type="checkbox"/>		
MERIDIAN OIL INC.		3535 EAST 30TH STREET, FARMINGTON, NM 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas <input type="checkbox"/>		
EL PASO NATURAL GAS COMPANY		P.O. BOX 1492, EL PASO, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit	Soc.	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

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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		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPT. OF S		SACKS CEMENT			
<div style="text-align: center;"> </div>									

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load

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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.)

Producing Method (Flow, pump, gas lift, etc.)	Test Data	Request for Allowable

OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowance for this depth, or be for just 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

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

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.

L. H. Shuler

Signature Doug W. Whaley, Staff Admin. Supervisor Title _____
Printed Name _____
Date July 5, 1990 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

AUG 23 1990

Date Approved _____

By Emil J. Cheng

Title _____

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

- 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.