

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

1.

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

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

II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	
J. F. Day D	IE	Basin Dakota	State, Federal or Fee	Federal SF-047039
Location				
Unit Letter	P	: 910	Feet From The	South Line and 830 Feet From The East
Line of Section	20	Township	28N	Range 10W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Plateau Incorporated				P.O. Box 26251, Albuquerque, NM 87125		
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)		
Southern Union Gathering Company				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
	P	20	28N	10W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 9-24-80		Date Compl. Ready to Prod. 8-29-81		Total Depth 6824		P.B.T.D. 6785			
Elevations (DF, RKB, RT, GR, etc.) 6100' G.L.		Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6552		Tubing Depth 6687			
Perforations 6552-6560', 6610-6658', 6686-6894'						Depth Casing Shoe 6824'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		309'		315 SX				
7-7/8"	5-1/2"		6824'		1780 SX				
	2-1/16"		6687'						

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)

OIL WELL			
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D 902	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) back pressure	Tubing Pressure (Shut-in) 700 psig	Casing Pressure (Shut-in) - psig	Choke Size .75"

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.

E. E. Svoboda
(Signature) 8

District Administrative Supervisor

(Title)
OCT 1 1981

(Dine)

OIL CONSERVATION DIVISION

OCT 21 1981

APPROVED

Original Signed by **FRANK T. CHAVEZ**

SUPERVISOR DISTRICT 3

TITLE

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 III.

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.

Separate Form C-104 must be filed for each pool in multiply emulsified wells.