DISTRIBUTION

111.

OIL CONSERVATION DIVISION

Ŧ	SANTA TE FILE U C.G.S. LAND OFFICE	SANTA FE. NE	W MEXICO 87501			
	REQUEST FOR ALLOWABLE AND OPERATOR PROPATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.	Amoco Production Company					
	Address					
	501 Airport Drive, Farmington, NM 87401					
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:		Other (Please explain)			
	Recompletion	OII Dry G	as			
	Change in Ownership	Casinghead Gas Conde	ensate .			
	If change of ownership give name and address of previous owner				·	
Н.	DESCRIPTION OF WELL AND LEASE					
	Fred Feasel "L"	Well No. Pool Name, Including F 1E Basin Dako		nd of Lease	. Lease No. SF-046563	
	Unit Letter I 15	20 Feet From The South Li	ne and	eet From The East		
	Line of Section 32 T	Cownship 28N Flange 1	.OW , NMPM, S	an Juan	County	
115.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS:	,		
	Name of Authorized Transporter of C		Address (Give address to w	hich approved copy of this form is to	•	
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas () or Dry Gas ()		P. O. Box 26251, Albuquerque, NM 87125 Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas Condition or Dry Gas CX Southern Union Gathering Co.		P. O. Box 1899, Bloomfield, NM 87413			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 32 28N 10W	Is gas catually connected?	When		
		vith that from any other lease or pool,	give commingling order nu	nber:		
. . .	Designate Type of Complete	ion - (X) Gas well	1 : 1	Deepen Plug Back Same Res'v	. Diff. Rea'v.	
	Date Spudded	Dute Compl. Ready to Prod.	Total Depth	P.B.T.D.	1	
	4-18-81	9-28-81	66431	6602		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Cil/Gas Pay	Tubing Depth		
	6018' G.L. Basin Dakota		1 6372'	6515 Depth Casing Shoe		
	6372'-6379', 6400'-6407', 6457'-6527'					
			D CEMENTING RECORD			
	HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	326'	SACKS CEME	NT	
	7-7/8"	4-1/2"	6643'	1790 sx		
t t		2-3/8"	6515'			
		FOR ALLOWABLE (Test must be a	fter recovery of total volume of total volume of total volume of the for full 24 hours)	l fload oil and must be equal to or exc	esá top allou-	
_	OIL WELL, Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)		
	Length of Test	Tubing Pressure	Cosing Preasure	allilla		
	E-my more tour			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Actual Prod. During Test	Oll-Bbls.	Water-Sbis.	NOV 12 1981		
٠.	GAS WELL			OIL CON. COM. DIST. 3		
ſ	Actual Pred. Test-MCF/D	Length of Text	Bbls. Condensate/AMCF	devity of Condensate		
	2043 Treing Mathed (pilot, back pri)	3 hours Tabing Pressur (shat-in)	Cosing Frenchic (Shut-in			
	Back Pressure	1190	1190	Choke urxe		
1. (CERTIFICATE OF COMPLIAN	CE		SERVATION DIVISION		
1	Division have been compiled wit	regulations of the Oil Conservation hand that the information given	Original Signed by FRANK T. CHAVEZ			
a	above is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICT #			
	ර්න්ත්ත් විශා ed B y		TITLE	filled in compliance with min was	104	
		E. E. SWO COLA. If this is a request for allowable for a newly drilled or despens				
	(Sie	nature)	wall, this form must be	accompanied by a tabulation of t	he deviation	

District Administrative Supervisor (Tale)

11-10-81

tests taken on the well in accordance with AULE iti.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

U.H out only Sections I. H. HI, and VI for changes of owner, and the complete of the complete of owner, and the complete of the complete of condition.