

OIL CONSERVATION DIVISION

REVISED 10-1-70

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin Gas Com "B"	1E	Fulcher Kutz Pictured Cliffs	State, Federal or Fee Federal	SF-077315
Location				
Unit Letter	P	1120 Feet From The	South	Line and 1120 Feet From The
Line of Section	31	Township	28N	Range
			10W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	31	28N	10W	NO	

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-24-82	4-7-82		6504'		6459'			
Elevations (Dk, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5892' GL	Pictured Cliffs		1850'		1877'			
Perforations					Depth Casing Shoe			
1850'-1866'					6504'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	330'	315 SX
7-7/8"	5-1/2" 15.5#	6504'	1740 SX
	1-1/4"	6403'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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-GBbls.	Water-GBbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Wts. Condensate/MMCF	Gravity of Condensate
381	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	162 psig	162 psig	.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.

Signed By
H.L. ROBERTSON

(Signature)

Administrative Supervisor

(Title)

5-14-82

(Date)

OIL CONSERVATION DIVISION

6-17-82 JUN 17 1982

APPROVED

Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 deviations taken on the well in accordance with RULE 111.

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 change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.