

DISTRIBUTION	
SANTA FE	
FILE	
USDA	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

$\mathbb{P}^1 \times \mathbb{P}^1 \times \mathbb{P}^1 \times \mathbb{P}^1 \times \mathbb{P}^1$

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Co.	
Address 501 Airport Drive, Farmington, N M 87401	
Reason(s) for filing (Check proper box)	Other (Please specify)
☒ New Well ☐ Recompletion ☐ Change in Ownership Change in Transporter of: ☐ Oil ☐ Gashead Gas ☐ Dry Gas ☐ Condensate	

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

OIL CON. DIV.
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Lease Name Jennepah Gas Com A		Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Free Federal	Lease No. 14-20- 603-781
Location Unit Letter <u>0</u> : <u>820</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>28N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County					

Name of Authorized Transporter of Oil ☐ or Condensate ☒					Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation					P.O. Box 1702, Farmington NM 87499	
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 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	36	28N	9W	NO	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

OIL CONSERVATION DIVISION
6-10-85 JUN 10 1985
APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ
TITLE _____

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

BD Shaw

Adm. Supervisor

5-20-85

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Other
			X	X					
Date Completed 3/12/85	Date Compl. Ready to Prod. 4/16/85			Total Depth 6639'			P.B.T.D. 6596'		
Completion (DF, RKB, RT, CR, etc.; 5849' GR	Name of Producing Formation Dakota			Top Oil/Gas Pay 6427'			Tubing Depth 6525'		
Interventions 6528' - 6538', 6427' - 6464'							Depth Casing Shoe 6639'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K55	339'	236 cu ft
8-3/4"	7", 20#, J55	2380'	472 cu ft
6-1/4"	4-1/2", 11.6#, K55	6639'	775 cu ft
	2-3/8"	6525'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or extended top of hole for this depth or be for full 24 hours)

One 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
442	3 hrs		
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	1075 psig	1800 psig	.50"