MINERALS DEPARTMENT

HGT AND MINEHALS		4HII
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE	1	
TRANSPORTER OIL		
GAS	1_	
OPERATOR		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

TRANSPORTER OIL	REQUEST FOR ALLOWABLE				
OPERATOR GAS	•	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
PAGRATION OFFICE					
Amoco Producti	on Company				
Address 501 Airport Dr	ive, Farmington, NM 87401				
Reason(s) for filing (Check proper		Other (Please explai	n)		
New Well X	Change in Transporter of:	Change in Transporter of:			
Recompletion	Oil Dry G				
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give nat and address of previous owner.					
DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	ormation Kind of Lease Lease No			
San Juan 29-4	Well No. Pool Name, Including 24 Gobernador Pic	tured Cliffs State, Federal or Fee Federal \$F0797			
Location	200	2250			
Unit Letter B; 1	220 Feet From The north L	ne andFeet	From The east		
Line of Section 8	Township 29N Range	4W , NMPM,	Rio Arriba County		
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	2			
Name of Authorized Transporter o			approved copy of this form is to be sent)		
Name of Authorized Transporter o	f Casinghead Gas or Dry Gas X				
	line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, NM 87499			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
give location of tanks.		No I			
If this production is commingled COMPLETION DATA	d with that from any other lease or pool				
Designate Type of Comp	etion - (X)	New Well Workover Dee	Plug Back Same Res'v. Diff. Res'		
Date Spudded 10-26-81	Date Compl. Ready to Prod. 11-11-82	Total Depth 8935	P.B.T.D. 8540'		
Elevations (DF, RKB, RT, GR, et	-	Top Oil/Gas Pay	Tubing Depth		
7406 GL	Pictured Cliffs 4258'-4269', 4293'-4328',	4102' 4332'-4352' 4374'-43	4398 Tenth Casing Shoe		
	6', 4140'-4147', 4150'-415				
4179'-4217'		D CEMENTING RECORD			
HOLE SIZE	9-5/8" 40# 36#	DEPTH SET	SACKS CEMENT 350		
8-3/4"	7" 23#	4615'	-632-750		
	4-1/2" liner	4451'-8935'	515		
, M	2-1/16"	4398			
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of lo epth or be for full 24 hours)	oad oil and must be equal to or exceed top allo		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
		Casing Pressure	MECELVEIII		
Length of Test	Tubing Pressure	Casing Pressure			
Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	944 CM2F5 1983		
			CON DIV.		
0.45 WAT 1			DIST. 3		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
1649	3 hrs.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Sixe		
back pressure	794 psi	1098 psi			
CERTIFICATE OF COMPLI	ANCE		RVATION DIVISION		
hereby certify that the rules s	nd regulations of the Oll Conservation	II VLLUARD			
sentalaa häija haan aamalled l	with and that the information given the best of my knowledge and belief.	Original Signed by FRANK T. CHAVEZ			
		SUPERVISOR DISTRICT # 3			
Original .	Signed By Lawson	The fam is to be filed in compliance with RULE 1404,			
U.U.	<u></u>	If this is a request for allowable for a newly arilled or seeper			
	(Signature)	well, this form must be accompanied by a touch the tests taken on the well in secondance with RULE !!!, All sections of this form must be filled out sempletely for alle			
District Ad	ministrative Supervisor (Tule)	All sections of this form must be introduced while, able on new and recompleted wells, Fift out only Sections 5, 55, and 45 for shonges of swift well name or number, or transporter, or other such change of sanditive transporter. Separate Forms C-104 must be filled for each paol in multi-			
	22, 1983				
August	(Date)	Separate Forms C-1	O4 must be tiles for each page to the contract		
		il completed meti-			