

RICT II  
Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RICT III  
Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

erator <u>Amoco Production Co.</u>	Well API No. <u>30-045-07858</u>
less <u>P.O. Box 800, Denver, Colorado 80126</u>	
son(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>NAME Change -</u> <u>Hughes ALS #5</u>	
Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
ange of operator give name address of previous operator	

DESCRIPTION OF WELL AND LEASE

se Name <u>Hughes /C/</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or- <u>Lease</u>	Lease No. <u>SF078049</u>
Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>FNL</u> Line and <u>790</u> Feet From The <u>FEL</u> Line				
Section <u>28</u> Township <u>29N</u> Range <u>8W</u> , NM/PM, <u>SAN JUAN</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ie of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Meridian Oil Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>3535 E. 30th St., Farmington, NM 87401</u>					
ie of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4990, Farmington, NM 87499</u>					
ell produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
: Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
ications					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

, 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.)			
: First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
gh of Test	Tubing Pressure	Casing Pressure	Choke Size
ial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

AS WELL

ial Prod. Test - MCF/D	Length of Test	lbbls. Condensate/MMCF	Gravity, $\gamma_{API}$
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR 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.

Signature D. W. Whaley  
Printed Name D. W. Whaley Title Staff Admin Super  
Date 7-12-91 Telephone No. (303) 830-4280

OIL CONSERVATION DIVISION

JUL 12 1991

Date Approved  
By Barry Chang  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.