

# OIL CONSERVATION DIVISION

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>AMOCO PRODUCTION COMPANY</b>		Well API No. <b>3004507860</b>
Address <b>P.O. BOX 800, DENVER, COLORADO 80201</b>		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) <b>NAME CHANGE - Hughes LS #8</b>
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>HUGHES / B/</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>BLANCO (MESAVERDE)</b>	Kind of Lease <b>FEDERAL</b>	Lease No. <b>SE078046</b>
Location Unit Letter <b>H</b> : <b>1550</b> Feet From The <b>FNL</b> Line and <b>990</b> Feet From The <b>FEL</b> Line Section <b>29</b> Township <b>29N</b> Range <b>8W</b> , <b>NMPM</b> , <b>SAN JUAN</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>CONDOS</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1429, BLOOMFIELD, NM 87413</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1492, EL PASO, TX 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test		
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil - Ubls.	Gas - MCF	
		OCT 29 1990	
GAS WELL		OIL CON. DIV.	
Actual Prod. Test - MCF/D	Length of Test	Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Choke Size	
		OCT 29 1990	

### VI. 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  
**Doug W. Whaley, Staff Admin. Supervisor**  
Printed Name  
October 22, 1990  
Date  
303-830-4280  
Telephone No.

OIL CONSERVATION DIVISION  
OCT 29 1990

Date Approved  
By **SUPERVISOR DISTRICT #3**  
Title

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.