

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**

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

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

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

**I. Operator**  
 AMOCO PRODUCTION COMPANY  
 Well API No. 3004508085  
 Address P.O. BOX 800, DENVER, COLORADO 80201  
 Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  NAME CHANGE - VANDERWART A KS #6  
 Change in Operator  Casinghead Gas  Condensate   
 If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name VANDERWART /A/	Well No. 6	Pool Name, including Formation BLANCO (MESAVERDE)	Kind of Lease FEDERAL	Lease No. SF078502
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>FNL</u> Line and <u>990</u> Feet From The <u>FEL</u> Line Section <u>24</u> Township <u>29N</u> Range <u>8W</u> , <u>NMPM</u> , <u>SAN JUAN</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1429, BLOOMFIELD, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Soc. 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				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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.)

Date First New Oil Rsa To Tank	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. <u>OCT 29 1990</u>	Gas - MCF

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Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (part, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

*D. W. Whaley*  
 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 *Bruce J. Shroy*  
 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.