

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
PRE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	
COPY	

Amoco Production Company

Address
501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Dry Gas	☐
Recompletion	☐	Oil	☐	Condensate	☒
Change in Ownership	☐	Casinghead Gas	☐		

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W. D. Heath "A"	3X	Blanco Mesaverde	State, Federal or Free Federal	SE-07633
Location	Unit Letter	Feet From The	Line and	Feet From The
K	1791	South	1650	West
Line of Section	Township	Range	County	
17	29N	9W	San Juan	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P.O. Box 489, Bloomfield, N.M. 87413					
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						
Is well producing oil or liquids, give location of well	Unit	Sec.	Twp.	Rge.	Is gas actually collected?	When
EL PASO NATURAL GAS COMPANY	K	17	29N	9W		

If this 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	Some Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoes					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

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

OIL CON. DIV.
DIST. 3

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.

DD Laron
(Signature)District Administrative Supervisor
(Title)September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DISTRICT #3

TITLE

This form is to be filed in compliance with N.M.R. 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 downhole tests taken on the well in accordance with N.M.R. 1104.

All sections of this form must be filled out accurately for all wells on new and recompleted wells.

Fill out only Sections 1, 11, 13, and 14 for the purpose of the well name or number, or transportation or other such change of ownership.

Separate Forms 12-104 must be filed for each pool in multi-completed wells.