

## OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87401

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| U.S.U.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | NAT |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                               |                 |                                                |                                                 |                       |
|-------------------------------|-----------------|------------------------------------------------|-------------------------------------------------|-----------------------|
| Lease Name<br>W. D. Heath "A" | Well No.<br>10  | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Free Federal | Lease No.<br>SF-07633 |
| Location                      |                 |                                                |                                                 |                       |
| Unit Letter<br>K              | 1850            | Feet From The<br>South                         | Line and<br>1850                                | Feet From The<br>West |
| Line of Section<br>17         | Township<br>29N | Range<br>9W                                    | N.M.P.M.                                        | San Juan<br>County    |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |            |             |            |                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|-------------|------------|------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                    |
| EL PASO NATURAL GAS COMPANY<br>P.O. BOX 990                                                                              |                                                                          |            |             |            |                                    |
| If well production is commingled with that from any other lease or pool, give commingling order number:                  | Unit<br>K                                                                | Sec.<br>17 | Twp.<br>29N | Rge.<br>9W | Is gas actually connected?<br>When |

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 | Same Depth | Diff. Depth |
| 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 Shoe |        |           |            |             |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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

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OIL CON. DIV.  
DIST. 3

## GAS WELL

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

## 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 Lawson  
(Signature)  
District Administrative Supervisor  
(Title)

September 28, 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY [Signature]  
SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1105.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 1111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections 1, 11, 111, and VI for the purpose of new well name or number, or transportation of other such change of ownership.  
Separate Forms G-105 must be filed for each pool in multi-completed wells.