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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name W. D. Heath "A"	Well No. 8	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-0763
Location				
Unit Letter C	790	Feet From The North	Line and 2070	Feet From The West
Line of Section 17	Township 29N	Range 9W	San Juan	County

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 690	
If well production is commingled with that from any other lease or pool, give commingling order numbers.	is gas actually connected? When
Unit C	Sec. 17
Twp. 29N	Rge. 9W

If this production is commingled with that from any other lease or pool, give commingling order numbers:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't. Drill. Res't.
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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
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.

District Administrative Supervisor

September 28, 1983

OIL CONSERVATION DIVISION
SEP 29 1983

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1164.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 1164.

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

Fill out only Sections I, II, III, and VI for existing oil wells. Fill out only Sections I, II, III, and VI for existing gas wells. Fill out only Sections I, II, III, and VI for existing condensate wells. Fill out only Sections I, II, III, and VI for existing dry gas wells.

Separate Form OCS-175 must be filed for each well to be recompleted wells.