

OIL CONSERVATION DIVISION
P. O. BOX 20800
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
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FROM OFFICE	
TRANSPORTER	DU
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REMARKS	
REGISTRATION OFFICE	

Ameco Production Company

501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

Other (Please explain):

New Vell ☐

Change in Transporter of:

Recompletion

CH ☐Dry Gas ☐

Emergency Overrider

20	Compressor Gas	
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100	Compressor Gas	

Cooperable ☒

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name H. Liott Gas Com "B"	Well No. 1A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Free	State SF0781
Location				
Unit Letter E	:	1670 Feet From The North Line and	850 Feet From The West	
Line of Section 13	Township 29N	Range 9W	NMPA, San Juan	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒					Address (Give address to which original copy of this form is to be sent)	
Plateau, Inc.					P.O. Box 489, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒					Address (Give address to which original copy of this form is to be sent)	
El Paso Natural Gas Company					P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, Give location of tanks.	Unit E	Sec. 13	Twp. 29N	Rge. 9W	Is gas actually connected?	

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	Other Back
Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.R.T.D.			
Elevations (D)	Name of Producing Formation	Top Oil/Gas Pay		Drilling Depth			
Perforations					with Casing to		

TUBING, CASING, AND CEMENTING RECORD

[illegible]

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top value 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
Water Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS HELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quality of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Core 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.

Administrative Supervisor

September 28, 1983

OIL CONSERVATION DIVISION

~~APPROVED~~

BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device in the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
open and completed wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name, number, or transportation or other such change of facts.

Separate Form C-104 must be filed for each part to and completed walls.