

REQUEST FOR ALLOWABLE  
AND

Supersedes Old Copies and is  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                  |                                                           |
|------------------|-----------------------------------------------------------|
| STATE            | FILE                                                      |
| U.S.G.S.         |                                                           |
| LAND OFFICE      |                                                           |
| TRANSPORTER      | OIL <input type="checkbox"/> GAS <input type="checkbox"/> |
| OPERATOR         |                                                           |
| PRORATION OFFICE |                                                           |

I. Operator:  
AMOCO PRODUCTION COMPANY  
Address:  
501 Airport Drive Farmington, NM 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:

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: State Gas Com "L" Well No.: 1A Pool Name, Including Formation: Blanco Mesaverde Kind of Lease: State, Federal or Fee Fee Lease No.:  
Location:  
Unit Letter: C : 900 Feet From The North Line and 1730 Feet From The West  
Line of Section: 2 Township: 29N Range: 9W, NMPM, San Juan County

III. 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 108 Farmington, NM 87401  
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 Farmington, NM 87401  
If well produces oil or liquids, give location of tanks: Unit: C Sec.: 2 Twp.: 29N Rge.: 9W is gas actually connected? When: No

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 Rest'v. ☐ Diff. Rest'v. ☐  
Date Spudded: 11/23/77 Date Compl. Ready to Prod.: 1/28/78 Total Depth: 4780' P.B.T.D.: 4743'  
Elevations (DF, RKB, RT, CR, etc.): 5612' GL, 5625' KB Name of Producing Formation: Mesaverde Top Oil/Gas Pay: 3885' Tubing Depth: 4613'  
Perforations: 3885-87, 3892-3905, 3908-30, 3938-48, 3952-69, 3980-86, 3992-94, 4012-16, 4052-56, 4059-70, 4099-4102, 4136-38, 4156-60, 4169-73, 4177-83, 4186-97, 4216-20, 4226-28 (over) TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
13-3/4" 9-5/8" Casing 280' 300  
8-3/4" 7" Casing 2709' 550  
6-1/4" 4-1/2" Casing 2497-4780' 300  
2-3/8" Tubing 4613'

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 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: 1711 Length of Test: 3 hours Ebls. Condensate/MMCF: Gravity of Condensate:  
Testing Method (pilot, back pr.): Back Pressure Tubing Pressure (Shut-in): 519 psig Casing Pressure (Shut-in): 596 psig Choke Size: 0.75"

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Original Signed By: E. E. SVOBODA (Signature)  
Area Administrative Supervisor (Title)  
2/8/78 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED: [Signature], 1978  
BY: Original Signed by A. R. Kendrick  
TITLE: [Signature]  
This form is to be filed in compliance with RULE 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 deviated tests taken on the well in accordance with RULE 111.  
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 changes of owner, well name or number, or transporter, or other such change of conditions. Forms 1004 must be filed for each well to which

Portions cont'd: 4238-42, 4279-81, 4308-34, 4362-70, 4396-98, 4410-13, 4435-45, 4489-4511, 4533-36, 4539-47, 4550-53, 4558-63, 4580-94, 4596-4600, 4606-12