NEW MEXICO OIL CONSERVATION COMMISSION Form C-144 Superseder Old C-104 and C-SANTA FE REQUEST FOR ALLOWABLE FILE Effective 1-1-65 L.S.G.\$. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER 1 OPERATOR PRORATION OFFICE Operator AMOCO PRODUCTION COMPANY Ada:ess Farmington, NM 87401 501 Airport Drive Reason(s) for filing (Check proper box) Other (Piease explain) X Change in Transporter of: New Well Oil Dry Gas Recompletion Casinahead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. Pool Name, Including Formation Leane No. State, Federal or Fee Federal SF077184 Blanco Mesaverde 1A Shane Gas Com 1870 West 830 Feet From The South Line and Feet From The __ 9W , NMPM, San Juan Township 29N Range 14 Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P.O. Box 108 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X P.O. Box 990 Farmington, NM 87401 El Paso Natural Gas Company Is gas actually connected? Sec. When If well produces oil or liquids, give location of tanks. 29N ' No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Same Res'v. Diff. Res' Workover Gas Well Designate Type of Completion - (X) X Total Depth Date Compl. Ready to Prod. Date Spudded 12/21/77 4970 4920' 11/3/77 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., 4020' 4812' 5930' KB <u>Mesaverde</u> Feriorations 4020-24, 4092-94, 4098-4103, 4124-90, 4198-4237, 4358-62, 4394-Depth Casing Snoo 4418, 4438-44, 4454-58, 4497-4525, 4537-40, 4562-68, 4644-60, 4704-08, 4738-4804, 4808-4824. TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 9-5/8" Casing 13-3/4" 268 340 7" Casing 4-1/2" Casing 2-3/8" Tubing 8-3/4" 2839' 600 6-1/4" 2647-4970 270 4812' (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test 10 Tubing Pressure Cosing Pressure Length of Test Water - Bbis. Cil-Bbls. Actual Frod. During Test GAS WELL Bhis. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test 3 hours 2822 Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 699 psig 0.75" 696 psig Back Pressure OIL CONSERVATION COMMISSION

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.

ElSuchodo Area Administrative Supervisor

(Title)

1/12/78

(Daie)

APPROVED_ BY Original Signed by A. R. Kendrick \$UPRESS: TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III. and VI for changes of owned well name or number, or transporter, or other such change of conditions. Courses From C 104 miles ha filled for each most to military