

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.I.	
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 <b>W. D. Heath "A"</b>	Well No. <b>3A</b>	Pool Name, including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF-0763</b>
Location Unit Letter <b>C</b> ; <b>1110</b> Feet From The <b>North</b> Line and <b>1520</b> Feet From The <b>West</b>				
Line of Section <b>17</b> Township <b>29N</b> Range <b>9W</b> , <b>NMPM</b> , <b>San Juan</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Plateau, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 489, Bloomfield, N.M. 87413</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>17</b>	Twp. <b>29N</b>	Rge. <b>9W</b>
Is gas actually connected? 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	Some Tests	Diff. Rec.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D) % RT, GR, 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**RECEIVED**  
SEP 29 1983  
OIL CON. DIV.  
DIST. 8

GAS WELL

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

*[Signature]*  
(Signature)

District Administrative Supervisor  
(Title)

September 28, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]*  
BY *[Signature]*  
TITLE *[Signature]*

This form is to be filed in compliance with N.M.S. 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 N.M.S. 1105.  
 All sections of this form must be filled out completely for wells able to flow and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such changes of existing wells.  
 Separate Forms 6102 must be filed for each pool in multi-completed wells.