

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐  
2. NAME OF OPERATOR  
Amoco Production Company  
3. ADDRESS OF OPERATOR  
501 Airport Drive Farmington, NM 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850' FNL X 1835' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) spud and set casing

SUBSEQUENT REPORT OF:

☐  
☐  
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☐  
☐  
☐  
☐

RECEIVED

AUG 14 1980

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE  
SF-078132  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
A. L. Elliott "D"  
9. WELL NO.  
8  
10. FIELD OR WILDCAT NAME  
Blanco Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SW/4, NE/4  
Section 14, T29N, R9W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico  
14. API NO.  
30-045-24379  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6388' GL

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded a 12-1/4" hole on 7-26-80 and drilled to 307'. Set 8-5/8" 24# surface casing at 305' on 7-26-80, and cemented with 300 sx of class "B" cement containing 2% CaCl<sub>2</sub>. Good cement was circulated to the surface. Drilled a 7-7/8" hole to a TD of 3206'. Set 4-1/2" 10.5# production casing at 3206', on 8-1-80, and cemented with 710 sx of class "B" cement containing 50/50 Poz, 6% gel, 2# medium tuf plug per sx, and .8% fluid loss additive. This was tailed in with 100 sx of class "B" Neat cement. Good cement was circulated to the surface.

The rig was released on 8-1-80.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED E. E. SVOBODA TITLE Dist. Adm. Supvr. DATE 8-13-80

AUG 15 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_

BY SW

NMOCC

NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special						Test Date <b>09 10 80</b>	
Company <b>AMOCO PRODUCITON CO.</b>				Connection <b>EL PASO NATURAL GAS CO.</b>			
Pool <b>BLANCO</b>				Formation <b>PICTURED CLIFF</b>		Unit	
Completion Date <b>08 22 80</b>		Total Depth <b>3206</b>		Plug Back TD <b>3135</b>		Elevation <b>6388 GL</b>	
Farm or Lease Name <b>A L ELLIOTT D</b>							
Csq. Size <b>4.500</b>	Wt. <b>10.5</b>	d <b>4.052</b>	Set At <b>3206</b>	Perforations: From <b>2972</b> To <b>3086</b>		Well No. <b>8</b>	
Tbg. Size <b>2.375</b>	Wt. <b>4.7</b>	d <b>1.995</b>	Set At <b>3103</b>	Perforations: From <b>open</b> To <b>ended</b>		Unit Sec. Twp. Rge. <b>G 14 29N 1 9W</b>	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple <b>SINGLE</b>				Packer Set At <b>NONE</b>		County <b>SAN JUAN</b>	
Producing Thru <b>TUBING</b>		Reservoir Temp. °F <b>8</b>		Mean Annual Temp. °F		State <b>NEW MEXICO</b>	
L	H	Gg	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover	Meter Run Taps

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F
SI	<b>8 days</b>						<b>981</b>		<b>981</b>		<b>3 hrs</b>
1.	<b>2.375</b>	<b>.750</b>					<b>298</b>		<b>512</b>		
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	<b>12.365</b>		<b>310</b>	<b>1.000</b>	<b>.9608</b>	<b>1.031</b>	<b>3797</b>
2.							
3.							
4.							
5.							

NO.	P <sub>t</sub>	Temp. °R	T <sub>t</sub>	Z	Gas Liquid Hydrocarbon Ratio	Mcfd/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons	Deg.
2.					Specific Gravity Separator Gas	<b>X X X X X X X X</b>
3.					Specific Gravity Flowing Fluid	<b>X X X X X</b>
4.					Critical Pressure	P.S.I.A. P.S.I.A.
5.					Critical Temperature	°R °R

P <sub>c</sub> <b>993</b>	P <sub>c</sub> <sup>2</sup> <b>986049</b>		
NO.	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>
1	<b>524</b>	<b>274576</b>	<b>711473</b>
2			
3			
4			
5			

(1)  $\frac{P_c^2}{P_c^2 - P_w^2} = \underline{1.3859}$       (2)  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \underline{1.3197}$

AOI = Q  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = \underline{5011}$

Absolute Open Flow <b>5011</b> Mcfd @ 15.025	Angle of Slope @	Slope, n <b>.85</b>
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Remarks:

Approved By Commission	Conducted By <b>JJB</b>	Calculated By <b>J J BARNETT</b>	Checked By <b>W L PETERSON</b>
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Form approved.  
Budget Bureau No. 42-R355.6

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other \_\_\_\_\_

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501-Airport Drive, Farmington, NM-87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

1850' FNL x 1835' FEL

At top prod. interval reported below

Same

At total depth

Same

14. PERMIT NO. 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100 DATE ISSUED 10/1/50

15. DATE SPCDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, R&B, RT, GR, ETC.) *	19. ELEV. CASINGHEAD
7-26-80	7-31-80	8-22-80	6388' GL	

20. TOTAL DEPTH, MD & TVD 3206'	21. PLUG, BACK T.D., MD & TVD 3135'	22. IF MULTIPLE COMPL., HOW MANY?	23. INTERVALS DRILLED BY O-TD	ROTARY TOOLS:	CABLE TOOLS:
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*	25. WAS DIRECTIONAL SURVEY MADE -
--	-----------------------------------

2972-2984', 2990-2996', 3008-3029', 3034-3038', & 3078-3086'. Pictured No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction-Laterolog-GR: Compensated Density-Sidewall Neutron-GR

2S. ~~COMPENSATED DENSITY-SIDEWALL NEUTRON~~  
CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	WIND PULLED
8-5/8"	24.0#	307'	12-1/4"	300 st	
4-1/2"	10.5#	3206'	7-7/8"	810 st	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	BAR SET (MD)
					2-3/8"	3101	None

31. PERFORATION RECORD (Interval, size and number)	32	ACID SHOT FRACTURE CEMENT SQUEEZE ETC
--	----	---------------------------------------

2972-2984', 2990-2996', 3008-3029', 3034-3038', & 3078-3086' with 2 SPF, a total of 102, .38" holes.	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED :
	2972-3086'	32,700 gal liquid, 76,300 gal
		of nitrogen, & 142,100# 20-

33. \* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or
-----------------------	--	---------------------------

Flowing	SI
---------	----

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
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9-10-80	3 hours	.75	TEST PERIOD →	475			
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FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
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298 PSIG	512 PSIG	24-HOUR RATE →	3797
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	TEST WITNESSED BY
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To be sold

### 35. LIST OF ATTACHMENTS

35. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED John J. O'Donnell TITLE Dist. Adm. Supvr. DATE 9-19-80

**\*(See Instructions and Spaces for Additional Data on Reverse Side)**

FARMINGTON DISTRICT

54

**MMOCG**

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see Item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22, and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sticks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

## 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF. CORRELATE INTERVALS AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. NAME	39. GEOLOGIC MARKERS	40. MEAS. DEPTH	41. TRUE VERT. DEPTH
Fruitland	2674	2969	Coal-Shale-Sandstone-Gas				
Pictured Cliffs	2969	3147	Sandstone-Gas				

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-103 and C-119  
Effective 1-1-65

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. L. Elliott "D"	Well No. 8	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF078132
Location				
Unit Letter G : 1850 Feet From The North Line and 1835 Feet From The East				
Line of Section 14 Township 29N Range 9W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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	Sec.
	Twp.	Rge.
	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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7-26-80	Date Compl. Ready to Prod. 8-22-80	Total Depth 3206'		P.B.T.D. 3135'				
Elevations (DF, RAB, RT, CR, etc.) 6388' CL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2972'		Tubing Depth 3101'			
Perforations 2972-2984', 2990-2996', 3008-3029', 3034-3038', 3078-3086'					Depth Casing Shoe 3206'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24.0#		307'		300 sx			
7-7/8"	4-1/2", 10.5#		3206'		810 sx			

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 3797'	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-in) 981 PSIG	Casing Pressure (Shut-in) 981 PSIG	Choke Size .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)

District Administrative Supervisor

(Title)

9-22-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by CHARLES GHOLSON

DY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 condition.

Separate Forms C-104 must be filed for each pool in multiply

9-14-29 N. 9W

<u>DEPTH</u>	<u>DEVIATION</u>
1115'	1/2
1619'	3/4
2119'	3/4
2646'	3/4
3200'	1

the above

Signed E. E. Scholten  
Title Dist. Adm. Supvr.

THE STATE OF NEW MEXICO) ) SS.  
COUNTY OF SAN JUAN )

BEFORE ME, the undersigned authority, on this day personally appeared E. E. Svoboda known to me to be Dist. Adm. Supvr. for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 22nd day of September, 1980.

Eleanor P. Brown  
Notary Public

My Commission Expires: December 28, 1983

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

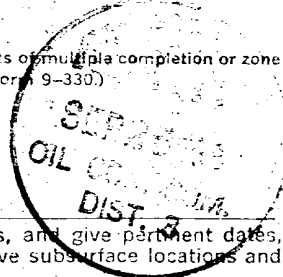
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐  
2. NAME OF OPERATOR  
Amoco Production Company  
3. ADDRESS OF OPERATOR  
501 Airport Drive, Farmington, NM 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850' FNL x 1835' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same  
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/> Completion <input type="checkbox"/>	

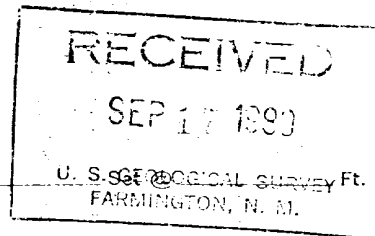
5. LEASE  
SF-078132  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
A. L. Elliott "D"  
9. WELL NO.  
8  
10. FIELD OR WILDCAT NAME  
Blanco Pictured Cliffs  
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
SW/4, NE/4, Section 14, T29N, R9W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
NM  
14. API NO.  
30-045-24379  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6388' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Completion operations commenced on 8-18-80. Total depth of the well is 3206' and plugback depth is 3135'. Perforated interval from 2972-2984', 2990-2996', 3008-3029', 3034-3038', and 3078-3086' with 2 SPF, a total of 102, .38" holes. Foam fraced with 32,700 gal of liquid, 76,300 gal of N<sub>2</sub>, and 142,100# of 20-40 sand. Landed 2-3/8" tubing at 3101'. Swabbed the well and released the rig on 8-22-80.



Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED Original Signed By  
E. E. SYOBODA TITLE Dist. Adm. Supvr. DATE 9-16-80  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 24 1980

BW

\*See Instructions on Reverse Side

NMOCC

DISTRICT II  
P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452437900
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name A L ELLIOTT D	Well No. 8	Pool Name, including Formation BLANCO PICTURED CLIFFS (GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter G	1850	Feet From The FNL	Line and 1835	Feet From The FEL
Section 14	Township 29N	Range 9W	NMPM,	SAN JUAN
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?

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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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			

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 Tank	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.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gr. Gas Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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  
Doug W. Whaley, Staff Admin. Supervisor  
Printed Name  
Title  
June 25, 1990  
Date  
303-830-4280  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 5 1990  
By  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.