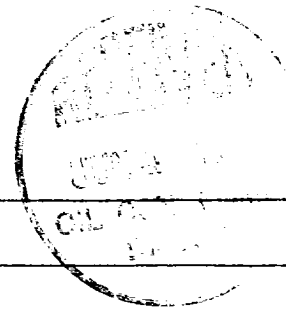


## OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

Operator  
Amoco Production CompanyAddress  
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Gerk Gas Com "B"	Well No. 1M	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>N</u> ; <u>160</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>					
Line of Section <u>19</u> Township <u>29N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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)	
Plateau, Inc.	P. O. Box 26251, Albuquerque, NM 87125	
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 N	Sec. 19
	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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-11-82	Date Compl. Ready to Prod. 4-29-82		Total Depth 6460'		P.B.T.D. 6416'			
Elevations (DF, RKB, RT, GR, etc.) 5552'	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 3584'		Tubing Depth 4322'			
Perforations 3584'-3590', 3593'-3598', 3600'-3610', 3875'-3879', 4208'-4214', 4222'-4228', 4256'-4254', 4314'-4326'					Depth Casing Shoe 2327'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48#		311'		450 SX			
12-1/4"	9-5/8" 32.3#		2327'		610 SX			
8-3/4"	7" 23#		6460'		720 SX			
	2-1/16"		4322'					

## 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 1527	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 547 psig	Casing Pressure (Shut-in) 734 psig	Choke Size .75"

## VI. 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.

Original Signed By  
Dist. Admin. Supvr.

(Signature)

Dist. Admin. Supvr.

(Title)

6-1-82

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 1111.

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 Form C-104 must be filed for each pool in multiply completed wells.