

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| 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) | Other (Please explain) |
| 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"/> |
| Corrected C-104 to add 4-1/2" csg to record. | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---------------------------|-----------------|--|--|-----------------------|------------------------|
| Lease Name Nye Gas Com | Well No. 1A | Pool Name, Including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee | Fee | Lease No. SF-076337 |
| Location | | | | | |
| Unit Letter F | : 2225 | Feet From The North | Line and 950 | Feet From The West | |
| Line of Section 7 | 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) | | | | | |
| 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 Co. | P. O. Box 990, Farmington, NM 87401 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 7 | Twp. 29N | Rge. 9W | Is gas actually connected? No | When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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 12-1-81 | Date Compl. Ready to Prod. 1-6-82 | Total Depth 4550' | | P.B.T.D. 4525' | | | | |
| Elevations (DF, RAB, RT, CR, etc.) 5624 G.L. | Name of Producing Formation Mesaverde | | Top Oil/Gas Pay 3832' | | Tubing Depth 4503' | | | |
| Perforations 3832'-3838', 3866'-3869', 4005'-4010', 4012'-4020', 4023'-4027', 4042'-4046', 4054'-4059', 4176'-4182', 4350'-4367', 4370'-4373', 4376'-4380', 4402'-4406', 4430'-4436', 4459'-4462' | | | | | | Depth Casing Shoe 2481' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-1/2" | 9-5/8" | | 319' | | 239 SX | | | |
| 8-3/4" | 7" | | 2481' | | 425 SX | | | |
| 6-1/4" | 4-1/2" | | 2182-4550' | | 368 SX | | | |
| | 2-3/8" | | 4503' | | | | | |

VI. 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 2472 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 584 psig | Casing Pressure (Shut-in) 837 psig | Choke Size .75 |

I. 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
E. E. SVOBODA

(Signature)

District Administrative Supervisor

FEB 3 1982 (Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 1 1982, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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