

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>

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

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Davis Gas Com "E"	Well No. 1E	State, Federal or Fee Fee	
Location			
Unit Letter H : 1490 Feet From The North Line and 1110 Feet From The East			
Line of Section 27 Township 29N Range 11W , NMPM, San Juan County			

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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		4775 Indian School Rd. NE, Albuquerque, NM 87110	
Plateau Incorporated		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"/>		P.O. Box 990, Farmington, NM 87401	
El Paso Natural Gas Company			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 27	Twp. 29N
		Rge. 11W	Is gas actually connected? No

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Designate Type of Completion - (X)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-7-80	Date Compl. Ready to Prod. 2-12-81	Total Depth 6392'		P.B.T.D. 6310'					
Elevations (DF, RKB, RT, GR, etc.) 5510' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6163'		Tubing Depth 6268'					
Perforations 6163-6170, 6224-6262				Depth Casing Shoe 6388'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8 5/8"	306'		300 SX					
7 7/8"	5 1/2"	6388'		1000 SX					
	2 1/16"	6268'							

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, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
49	3 Hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	536 psig	---	.75"

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.

E. E. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

March 13, 1981

(Date)

OIL CONSERVATION DIVISION

MAR 16 1981

APPROVED _____, 19____

BY **Original Signed by FRANK T. CHAVEZ**

SUPERVISOR DISTRICT #5

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 multiple completed wells.