

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.A. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

I. Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive, Farmington, NM 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☒

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.
Burnham Gas Com 1E Basin Dakota State, Federal or Fee Fee
Location
Unit Letter F : 1470 Feet From The North Line and 1500 Feet From The West
Line of Section 12 Township 29N Range 13W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
Giant Industries, Inc. P.O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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
F 12 29N 13W

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 Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke
Actual Prod. During Test Oil-Bbls. Water-Bbls.

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke

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
E. E. SVALODA
(Signature)
District Administrative Supervisor
(Title)
10/28/81
(Date)

OIL CONSERVATION DIVISION
DEC 8 - 1981
APPROVED
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 must be filed for each pool in multiple